

VEHICLE REGISTRATION APPLICATION

REVENUE



DIVISION

TRANSACTION TYPE

STATE OF ARKANSAS

Department of Finance & Administration

P.O. Box 1272

Little Rock, AR 72203

LICENSE NO.		INV. TYPE		USE CODE		DECAL NO.		EXPIRATION DATE		VEHICLE IDENTIFICATION NUMBER			
YEAR	MAKE	MODEL	BODY	CYL	COLOR	FUEL	UNLADEN WT		GROSS WT	DSP	AXLES	PREVIOUS TITLE NO.	
						Gas							
TITLE CODE	PUR. TYPE	PUR. DATE		DEALER	OD CODE	OD READING	CHECK IF APPLICABLE						
							DAMAGE	PREV. DAMAGE	LEASE	PRORATE	PENALTY	MAIL	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COMPLETE ONLY IF CONVERTING CLASS TWO (2) THROUGH EIGHT (8) TRUCK LICENSE									VALIDATION PERIOD FOR DRIVE OUT OR INTRANSIT				
OLD LIC. NO.		OLD WT.	OLD FEE	IF INVOLUNTARY, SHOW AMT. OVERLOAD AND SUMMONS NUMBER				Beginning Date and Time		Ending Date and Time			
				OVERLOAD WEIGHT		SUMMONS NUMBER							
OWNER NAME													
LAST						FIRST				REL			
LAST						FIRST							
COMPANY													
ARKANSAS ADDRESS				CTY CODE		TITLE MAILING ADDRESS				CTY CODE			
Name						Name							
Address						Address							
City			AR	Zip code		City/State/Zip							
RENEWAL MAILING ADDRESS				CTY CODE		REGISTRATION FEE				REPLACEMENT FEE			
Name													
Address						CREDIT				TRANSFER FEE			
City/State/Zip													
FIRST LIENHOLDER				CONTRACT DATE		ADDITIONAL FEE				TITLE FEE			
Name													
Address						PRORATED FEE				LIEN FEE			
City/State/Zip													
SECOND LIENHOLDER				CONTRACT DATE		SPECIAL FEE (1)				PENALTY			
Name													
Address						SPECIAL FEE (2)				POSTAGE			
City/State/Zip													
						SPECIAL FEE (3)				TOTAL REG. FEES			
REVENUE OFFICE CITY													
OFFICE NUMBER						SALES TAX RECEIPT NUMBER							
COUNTY													
ARKANSAS REVENUE AGENT						DATE				CTY CODE			
SIGNATURE OF LIENHOLDER (if applicable)													
SIGNATURE OF OWNERS(S)													