

VEHICLE REGISTRATION APPLICATION



STATE OF ARKANSAS

REVENUE

DIVISION

TRANSACTION TYPE

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.	
TITLE CODE	PUR. TYPE	PUR. DATE		DEALER	OD CODE	OD READING	CHECK IF APPLICABLE					
							DAMAGE	PREV. DAMAGE	LEASE	PRORATE	PENALTY	MAIL
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)												