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
						☐	☐	☐	☐	☐	☐

COMPLETE ONLY IF CONVERTING CLASS TWO (2) THROUGH EIGHT (8) TRUCK LICENSE

OLD LIC. NO.	OLD WT.	OLD FEE	IF INVOLUNTARY, SHOW AMT. OVERLOAD AND SUMMONS NUMBER			
			OVERLOAD WEIGHT		SUMMONS NUMBER	

VALIDATION PERIOD FOR DRIVE OUT OR INTRANSIT

Beginning Date and Time	Ending Date and Time

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**	
Name			
Address			
City/State/Zip			

FIRST LIENHOLDER		**CONTRACT DATE**	
Name			
Address			
City/State/Zip			

SECOND LIENHOLDER		**CONTRACT DATE**	
Name			
Address			
City/State/Zip			

REGISTRATION FEE	**REPLACEMENT FEE**
CREDIT	**TRANSFER FEE**
ADDITIONAL FEE	**TITLE FEE**
PRORATED FEE	**LIEN FEE**
SPECIAL FEE (1)	**PENALTY**
SPECIAL FEE (2)	**POSTAGE**
SPECIAL FEE (3)	**TOTAL REG. FEES**

REVENUE OFFICE CITY	
OFFICE NUMBER	
COUNTY	

ARKANSAS REVENUE AGENT	**DATE**		**CTY CODE**	

SIGNATURE OF LIENHOLDER (if applicable)

SIGNATURE OF OWNERS(S)