VEHICLE REGISTRATION APPLICATION

REVENUE   **DIVISION**   **TRANSACTION TYPE**

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						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)

10-381 / 12-30-2019