DEALER POINT
MVT TRANSACTIONS

ARKANSAS

DEALER

Dealership

Address

City, State, ZIP

CUSTOMER

Name

Address

City, State, ZIP

VEHICLE

Year, Make, Model

VIN

Milage

Gross Vehicle Weight

DEAL

Deal Number

Transfer Plate Number

Expiration Date

INSURANCE

Policy Number

Company (ie: Farmers, Geico, State Farm

LIENHOLDER

Name

Address

City, State, ZIP

ELT Code

CHECKLIST

TITLE (can be signed by POA)

* If there is a spot for notarization, it must be notarized

☐ The original Title and any supporting reassignments

TITLE APPLICATION

☐ Completed Title Only Application FORM 10-381

PROOF OF IDENTIFICATION (Business)

SELECT ONE

☐ Copy of Official Document listing Federal ID Number

☐ Tax Certificate

☐ Articles of Incorporation

PROOF OF IDENTIFICATION (Individual)

☐ Copy of Valid Arkansas Drivers License

☐ Out of State Drivers License

Must provide FRONT & BACK copy of Drivers License
a copy of Passport is acceptable

BILL OF SALE / RETAIL PURCHASE AGREEMENT

☐ Completed Bill of Sale Form / Retail Purchase Agreement

ODOMETER DISCLOSURE FORM

☐ Completed Odometer Disclosure Statement FORM 10-313

PROOF OF INSURANCE

(Insurance Card that includes the following)

☐ Policy Number

☐ Name of Registrant

☐ Effective and Expiration Date

☐ Must have Sale Vehicle

TRANSFER REGISTRATION

☐ Provide a copy of current registration

LIEN ASSIGNMENT

UCC AND/OR Full Finance Contract

☐ Completed Lien Assignment FORM

POWER OF ATTORNEY

☐ Completed Power of Attorney FORM

CLEAR FORM

Dealer Point MVT

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			Name	Name		
Address	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)

10-381 / 12-30-2019

Print Form

STATE OF ARKANSAS VEHICLE BILL OF SALE/ODOMETER DISCLOSURE STATEMENT

Clear Form

Section 1 - Vehicle Identification Number (VIN)

If buyer is a company rather than individuals, go directly to Section 3 - Company Name.

Section 2 - Buyer Information

First Name	Middle Initial	Last Name
Address		
City, State, Zip		

☐ **Check this box if there are multiple owners**

Section 3 - Company Information

Company Name
Company Address
City, State, Zip

Section 4 - Dealer/Seller Name and Address

Dealer/Seller Name
Address
City, State, Zip

Section 5 - Purchase Date

Section 6 - Description of Vehicle Purchased and Vehicle Trade-In

Vehicle Purchased	Make	Model	Year	Primary Color	Secondary Color (If applicable)
Vehicle Trade-In	Make	Model	Year	Vehicle Identification Number of Trade-In	

Section 7 - Odometer Disclosure

I, _____ (sellers printed name) hereby state that the Odometer now reads

_____ (no tenths) miles, and the best of my knowledge that it reflects the actual miles, **UNLESS** one of the items below is checked:

☐ 1. **EXCEEDS MECHANICAL LIMITS** - I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.

☐ 2. **WARNING - ODOMETER DISCREPANCY** -I hereby certify that the odometer reading is not the actual mileage.

Section 8 - Sales Price Information - Signatures

Full Sales Price of Vehicle _____	Printed Name of Seller
Less Trade-In _____	Signature of Seller
Net Taxable Income _____	Printed Name of Buyer
	Signature of Buyer

SECTION 9 - WARNING

WARNING: It is a **FELONY** for any taxpayer to willfully attempt to evade or defeat the payment of any tax, penalty, or interest due under state law; **OR** for any person to willfully assist a taxpayer in evading or defeating the payment of any tax, penalty, or interest due under state law.

ARKANSAS VEHICLE POWER OF ATTORNEY

THIS DOCUMENT PRESENTS that _____, (Company Name or Individual) with a mailing address of _____ (Principal) grants to _____, with a mailing address of _____ (Agent) or its designated representative for an indefinite period of time or until canceled in writing, a limited power of attorney, to act on its/his/her behalf, with regard to all matters pertaining to the registering, licensing, transfer of ownership, and/or titling of the vehicle listed below with the applicable motor vehicle agency in the State of Arkansas.

Year	Make	Model	Style	Vin Number	Odometer

If this Power of Attorney is in an *Individual's Name*, include the following:

Date of Birth: _____

Social Security Number: _____

If this Power of Attorney is in a *Company's Name*, include the following:

Federal ID/EIN Number: _____

Principal's Signature _____ Date: _____

NOTARY ACKNOWLEDGMENT

STATE OF Arkansas)

COUNTY OF _____) ss.

Before me personally appeared the above-named

_____, (Name or Officer or Individual) acting as principal for the above-mentioned vehicle and duly acknowledged the foregoing instrument to be his/her free act and deed in his/her individual capacity or, if the representative of a company, acknowledges that he or she is duly authorized to sign the foregoing instrument on behalf of the company.

Notary Signature _____

Print Name _____

My Commission Expires: _____

(Seal)

Limited Power of Attorney

Date:_____

I, Expiration Date _____

hereby name and appoint _____

or _____

to act for me, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home or vessel described below, and to print my name and sign their name in my behalf. My attorney-in-fact can also file for and collect any overpayment of fees and taxes from the state office to which said overpayment was remitted. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me in as sufficient a manner as I myself could do, were I personally present and signing the same.
With full power of substitution and revocation, I hereby ratify and confirm whatever my said attorney-in-fact may lawfully do or cause to be done in respect of registering or titling the below- referenced vehicle.

Year: _____ Make:_____ VIN: _____

Transferor's Signature: _____

On this _____ day of _____ 20_____ before me personally appeared

_____ whose identity was proven to be based on satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above document.

_____

(Affix Seal Here)

THIS FORM IS INVALID WITHOUT NOTARIZATION