



ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1 COMMERCE WAY, SUITE 104
LITTLE ROCK, AR 72202
PHONE: 501-371-2750
FAX: 501-683-260

RENTAL CAR COMPANY APPLICATION

Business Entity Name, Incorporation/Formation Date, FEIN, List any name under which you are doing business, State of Domicile, Country of Domicile, Business Address, City, State, Zip or Foreign Country, Phone Number, Fax Number, Business Web Site Address, Business E-Mail Address, Mailing Address, P.O. Box, City, State, Zip or Foreign Country

Location of Rental Offices doing business in Arkansas (attach sheet if addition space is needed)

Name of Office, Phone Number, Address (repeated for multiple offices)

I, _____ hereby state under oath that all the information in the application is true and correct to the best of my knowledge.

Must be signed by an officer, director, principal or partner of the business entity:

Date: _____ (month/day/year)

Signature, Typed or Printed Name, Title, Social Security Number, Address, City State Zip

Instructions:

1. The application must be typed or printed.
2. The fee for a car rental license is \$35.00 on company check made payable to the Arkansas Insurance Department Trust Fund.
3. List all Rental Offices located in Arkansas on the application or you may attach a listing if the listing includes all the information requested on the application.
4. Completed Application and fee should be mailed to the:

Arkansas Insurance Department
Attn: License Division
1 Commerce Way, Suite 104
Little Rock AR 72202

5. The license must be renewed January 1 of each year.

If you have any questions regarding a Car Rental License, please contact the License Division at 501-371-2750.