ARDOT.gov | Jared D. Wiley, P.E., Director
LEGAL DIVISION
Katie Meister | Attorney | Katie.Meister@ardot.gov
10324 Interstate 30 | P.O. Box 2261, Little Rock, AR 72203-2261
Phone: (501) 569-2437 | Fax: (501) 569-2164

Form AR RS 2
****CARRIERS NOW OPERATING INTERSTATE PLEASE SEE NOTE****

ARKANSAS INTRASTATE REGISTRATION RENEWAL ORDER FORM

REGISTRATION YEAR _____ (*Please Enter Year*)

ARK. M No. _____ U.S. DOT No. _____

FED. TAX / S.S. No. _____

Name _____

D/B/A _____

PRINCIPAL PLACE OF BUSINESS ADDRESS: **Indicate if change ___**

Street _____

City _____ State _____ Zip _____ County _____

MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS ABOVE: **Indicate if change ___**

Street or P.O. Box _____

City _____ State _____ Zip _____ County _____

CONTACT PERSON: _____

PHONE NO. (_____) _____ **EMAIL**: _____

Arkansas Agent for Service of Process (If principal place of business is outside Arkansas)

Name _____

_____
Address City State Zip

TYPE OF REGISTRATION:

( ) Annual Registration - The motor carrier is renewing its annual registration.
( ) Supplemental Registration - The motor carrier is adding additional vehicles since annual registration.

CHECK ONE: ( ) Truck operation ( ) Mobile Homes/House Movers ( ) Passengers ( ) Household Goods

ORDER INFORMATION:

Number of vehicles to be operated
__solely__ in Arkansas: (see NOTE) _____ x $5.00 per vehicle = _____(or UCR Receipt)

Fees are to be paid with **cashier's check** or **money order** only. Fees should be made payable to the Arkansas Department of Transportation.

REQUIREMENTS:

1. RENEWAL FORM
2. **AN ACORD LIABILITY INSURANCE CERTIFICATE**
3. CASHIER'S CHECK **OR** MONEY ORDER

IMPORTANT: YOU *MUST* ATTACH A CURRENT CERTIFICATE OF BI & PD INSURANCE COVERAGE. **AN ACORD FORM IS REQUIRED**. YOU *MUST* PROVIDE A COPY EVEN IF YOUR INSURANCE COMPANY HAS PREVIOUSLY FILED. FAILURE *WILL* RESULT IN DELAY OF RENEWAL.

****NOTE TO MC, FF, OR MX INTERSTATE AUTHORIZED CARRIERS: IF YOUR VEHICLES ARE REPORTED FOR THE REGISTRATION YEAR UNDER THE UNIFIED CARRIER REGISTRATION (UCR) PROGRAM EITHER IN ARKANSAS OR IN YOUR BASE STATE, PLEASE PROVIDE A COPY OF YOUR UCR RECEIPT. ****

****IF YOU NO LONGER DESIRE TO OPERATE IN ARKANSAS INTRASTATE COMMERCE OR HAVE CHANGED OWNERSHIP OR COMPANY STATUS, YOU SHOULD MAKE A WRITTEN REQUEST FOR CANCELLATION OR CORRECTION AND MAIL TO THE BELOW ADDRESS.****

CERTIFICATION:

I, the undersigned, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant. Penalty provisions may be imposed in accordance with the Arkansas Motor Carrier Act for failure to comply.

Name (Printed) _____

Signature _____ Date_____

Title _____ Phone (_____) _____

This form may be reproduced for supplemental orders during the year.

MAIL TO:

Arkansas Department of Transportation
Legal Division
P. O. Box 2261
Little Rock, AR 72203-2261
Telephone: (501) 569-2160 Telefax: (501) 569-2164
Donna.Ramsey@ardot.gov

This form is to be used only by carriers currently holding Arkansas Intrastate operating authority. Carriers wishing to apply for new authority should contact this office for the complete registration packet.