



ARKANSAS MOTOR FUEL TAX BOND

AMFT - 40 B

1. Bond No.	2. Total Amount of Bond (for each license or permit)	3. Effective Date of Bond		
		Month	Day	Year

4. Do you hold or previously held an Arkansas Motor Fuel Tax License?

___ Yes ___ No If yes, give a number _____

5. Federal ID Number or SSN

6. NAME AND ADDRESS AS SHOWN ON APPLICATION

Legal Name			Trade Name		
Physical Address			Mailing Address		
City	State	Zip Code	City	State	Zip Code

7. Indicate fuel tax accounts covered by this bond and amount

☐ Interstate Fuel User _____

X

(All Sections Must Be Completed)

PLEASE FORWARD TO SURETY COMPANY

This bond form is designed for use by individuals or companies wishing to obtain Motor Fuel Tax License with the State of Arkansas.

Please review the following guidelines prior to completion of bonds, so it will not be necessary to return for corrections.

1. Must be completed by Surety Company.
2. Total amount of bond in space #2 will be determined by the total of the bond amounts in space #7. All bond amounts will be determined by the Motor Fuel Tax Section and if a bond amount has not been entered, it will be necessary to contact this office.
3. Effective date of bond.
4. If this is a replacement bond, please give your account number.
5. Federal ID or Social Security Number required.
6. Name and physical address must be identical on Surety Bond and Application.
7. Type (s) of account (s) covered by this bond.
8. Surety Company information.

If new account, completed bond must be returned to Principal to be mailed with Application.

If you have any further questions pertaining to the bond form, please contact our office.

Motor Fuel Tax Section
PO Box 1752
Little Rock, AR 72203
(501) 682-4800