

EVIDENCE OF RELOCATION APPROVAL

This is to certify that: _____
Complete Legal Name of Dealer including DBA, if applicable

has approval to relocate its dealership facility from the current licensed facility located at

Existing Dealership Physical Address _____ City _____ State _____ Zip Code _____

to _____
New Dealership Physical Address City State Zip Code

This Dealer is authorized by _____
Complete Legal Name of Manufacturer or Distributor (Must be identical to the name that appears on the manufacturer's or distributor's license.)

to (check one): **sell and service** **sell only** **service only** new motor vehicles designated as the following line-makes & types at the new facility:

LINE-MAKE (Brand) NOTE: The line-make name and type code must be listed exactly as they appear on the manufacturer/distributor license.	TYPE CODE

- | | | | | |
|--------------------|--|--|---|---|
| Type Codes: | AA – Passenger Auto
LT – Light Truck
MT – Medium Truck
HT – Heavy Truck
MH – Motor Home
TR – Towable RV | AT – All-Terrain Vehicle
MC – Motorcycle
MS – Motor Scooter/Moped
NV – Neighborhood Vehicle
ROV – Recreational Off-Highway Vehicle | UTV- Utility Vehicle
AB – Ambulance
BS – Bus
FT – Fire Truck | AX – Axles
EN – Engine
TM – Transmissions
OT – Other |
|--------------------|--|--|---|---|

Check One: A new sales and service (franchise) agreement will be executed to reflect the new location.
 All provisions of the existing sales and service (franchise) agreement remain in effect at the new location.

Printed Name of Authorized Manufacturer's or Distributor's Representative _____ Authorized Representative's Signature and Title _____ Date _____

 Email address

Mailing Address _____ City _____ State _____ Zip Code _____

Privacy Statement

The Texas Department of Motor Vehicles maintains the information collected through this form. With few exceptions, Texas Government Code Chapter 559 entitles you to: (a) request to be informed about this information, and (b) have TxDMV correct information about you that is incorrect. Chapter 552 of the Government Code entitles you to receive and review this information. You must submit requests for information in writing. Requests may be submitted via email to OGCOpenRecords@TxDMV.gov; by fax to (512) 465-4112; or by mail or in person to: TxDMV, OGC Open Records, 4000 Jackson Ave., Austin, TX 78731. For more information, please call TxDMV at (888) 368-4689.