Texas Department *of* Motor Vehicles

APPLICATION TO AMEND FRANCHISED MOTOR VEHICLE DEALER'S LICENSE

GDN(S): _____ Franchise License #: _____

1. Information as it currently appears on your license:
   A. Business Name: _____
   B. Assumed Name/DBA: _____
   C. Email: _____ Website: _____
   D. Physical Address: _____
      City: _____ Zip: _____ County: _____
   E. Mailing Address: _____
      City: _____ State: _____ Zip: _____
   F. Telephone Number: _____ Fax: _____

2. This amendment application is for (check all that apply):
   - ☐ Addition of new motor vehicle line
   - ☐ Deletion of new motor vehicle line
   - ☐ Entity name change
   - ☐ Assumed name change
   - ☐ Conversion from one entity to another
   - ☐ Change in dealer principal or general manager
   - ☐ Addition of supplemental used vehicle lot
   - ☐ Changes in ownership
   - ☐ Other (If so, explain fully on a separate sheet)

3. **Addition of Motor Vehicle Line(s).** Attach a copy of the pages of the franchise agreement showing all parties to the agreement, their signatures, address where lines are sold, all line-makes and types being added (include product addenda if used) or the Evidence of Franchise Form. Indicate whether the addition is a buy/sell transaction with an existing dealer or is a new franchise point. Attach additional sheets if necessary.

*****IF ADDING LINES, ATTACH A MAP PINPOINTING THE LOCATION OF YOUR DEALERSHIP.*****

A.	MANUFACTURER/DISTRIBUTOR NAME AND LICENSE EXPIRATION DATE	LINE-MAKE (BRAND)		TYPE CODE
			☐ New Franchise Point ☐ Purchasing Line from Existing Dealer	
			☐ New Franchise Point ☐ Purchasing Line from Existing Dealer	
			☐ New Franchise Point ☐ Purchasing Line from Existing Dealer	
			☐ New Franchise Point ☐ Purchasing Line from Existing Dealer	

Type Codes:

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

REMEMBER: MISSING, INCOMPLETE, OR INACCURATE INFORMATION WILL DELAY PROCESSING OF YOUR AMENDMENT.

$25.00 RA

(512) 465-3000
Toll-Free (888) 368-4689

BUSINESS NAME/DBA: _____

B.	Does any other dealership in your county or within 15 straight-line miles of your dealership currently handle any line of new motor vehicles that you are seeking to add?	☐ **Yes** ☐ **No**
C.	If the answer to "B" above is Yes, do the dealerships, to your knowledge intend to continue handling the line you are seeking to add?	☐ **Yes** ☐ **No**
D.	If answers to "B" or "C" above are Yes, list the name and address of each dealership on a separate sheet.	
E.	If you are buying a dealership or lines from an existing dealer, identify the selling dealer(s), address and pinpoint selling dealership(s) location on a map.	

4. Does any motor vehicle manufacturer or distributor, or any person or entity who is owned, controlled by, or under common control with a motor vehicle manufacturer, have any ownership interest in this dealership? **If so, explain fully on a separate sheet**.	☐ **Yes** ☐ **No**

5. **Ownership or Management change.** Complete the attached ownership and management information form (Form LF601). The form must be signed by an individual authorized to act for the dealership and notarized.

6. **General Manager or Dealer Principal change.** State the name of the new person and their title.

_____

7. **New Entity Name.** Attach documentation of entity name change. If no assumed name, attach a picture of the signage showing the new entity name.

_____

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8. **New Assumed Name.** List the new assumed name and attach a copy of the assumed name certificate. For corporations, LPs, LLPs, & LLCs, certificate must be from the Secretary of State; sole proprietors & general partnerships from the county. Attach a picture of the signage showing the new assumed name.

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9. **Conversion.** Attach a copy of the certificate of conversion issued by the Secretary of State, new certificate for the entity (corporation, LP, LLP, or LLC), documentation issued by the appropriate Secretary of State stating that the entity change was a result of a conversion. Complete the attached ownership and management information form (Form LF601). The form must be signed by an individual authorized to act for the dealership and notarized.

10. **Deletion of motor vehicle line(s**). List each line of new motor vehicle to be discontinued and the effective date of discontinuance (attach additional sheets if necessary). IF YOU ARE DELETING ALL NEW MOTOR VEHICLE LINES, YOUR GDN MAY BE CANCELLED. IF YOU WISH TO CONTINUE IN BUSINESS SELLING USED VEHICLES, ATTACH AN ORIGINAL MOTOR VEHICLE DEALER'S SURETY BOND (IN THE AMOUNT OF $25,000) AND POWER OF ATTORNEY.

_____

_____

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11. Addition of supplemental used vehicle lot(s). If adding a used-vehicle-only facility at a location that is not currently licensed, list address(es) below. Attach photos showing business name signage, office, business hours and overall photo from across the street to include the building and display area. Attach proof of occupancy (lease, deed, tax receipt). Include a new assumed name certificate if different from the assumed name currently filed with your license.

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PAYMENT OPTIONS: **FEE FOR THE AMENDMENT APPLICATION IS $25.00**

CREDIT CARD Amount limited to $5.00 to $2000.00	Complete the "Payment By Credit Card" form enclosed. Mail form and documents	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 26487 Austin, TX 78755
PERSONAL CHECK OR MONEY ORDER **(A fee of $25.00 will be charged for returned checks)**	Mail check or money order and documents	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 13044 Austin, TX 78711-3044

The applicant or an authorized agent hereby certifies under penalty of perjury that statements made above and on attachments hereto and documents submitted herewith are true and correct, and that all documents attached hereto or submitted herewith are complete and submitted in their entirety and are accurately represented. Applicant swears they are not at this time delinquent in any court-ordered obligation to pay child support.

_____ Date _____ Printed Name _____ Title

_____ Authorized Signature

Privacy Statement

The Texas Department of Motor Vehicles maintains the information collected through this form. With few exceptions, you are entitled upon request to be informed about the information that we collect about you. You may also review and correct the information collected. To make an open records request, contact 1-888-368-4689 or MVD_Openrecords@TxDMV.gov.

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