



Texas Department of Motor Vehicles

# Vehicle Change Form (Deletion, Out of Service, Replacement, or Activate)

Texas Department of Motor Vehicles, Motor Carrier Division  
PO BOX 12984, Austin, Texas 78711-2984  
800-299-1700

CERTIFICATE NUMBER

**INSTRUCTIONS**

- Type or print legibly in blue or black ink.
- Mark the appropriate box to indicate the action requested for each vehicle listed.

**Deletion:** A currently registered vehicle that is being replaced by a newly added vehicle or a vehicle removed from your fleet that may not be reactivated or used for credit.

**Out of Service:** A currently registered vehicle that is temporarily inactive and may be reactivated for use or for credit on a newly added vehicle.

**Replacement:** Vehicle is replacing a currently registered vehicle that must be entered in the deletion area.

**Activate:** A currently registered vehicle that identified as "Out of Service" that needs to be activated for use in your fleet.

Name of Motor Carrier	Phone
-----------------------	-------

Street Address	City, State, Zip
----------------	------------------

Type of Motor Carrier Operation	HAZ= Hazardous	HHG= Household Goods	BUS= Bus	Other= Other Cargo Not Listed
---------------------------------	----------------	----------------------	----------	-------------------------------

DELETION <input type="checkbox"/>	OUT OF SERVICE <input type="checkbox"/>	REPLACEMENT <input type="checkbox"/>	ACTIVATE <input type="checkbox"/>
-----------------------------------	---	--------------------------------------	-----------------------------------

Vehicle Make	Vehicle Make	Type of Motor Carrier Operation (Check appropriate box)			
Unit Number	Unit Number	HAZ	HHG	BUS	OTHER
Year Model	Year Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETE Vehicle ID Number (VIN)	COMPLETE Vehicle ID Number (VIN)
----------------------------------	----------------------------------

DELETION <input type="checkbox"/>	OUT OF SERVICE <input type="checkbox"/>	REPLACEMENT <input type="checkbox"/>	ACTIVATE <input type="checkbox"/>
-----------------------------------	---	--------------------------------------	-----------------------------------

Vehicle Make	Vehicle Make	Type of Motor Carrier Operation (Check appropriate box)			
Unit Number	Unit Number	HAZ	HHG	BUS	OTHER
Year Model	Year Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETE Vehicle ID Number (VIN)	COMPLETE Vehicle ID Number (VIN)
----------------------------------	----------------------------------

DELETION <input type="checkbox"/>	OUT OF SERVICE <input type="checkbox"/>	REPLACEMENT <input type="checkbox"/>	ACTIVATE <input type="checkbox"/>
-----------------------------------	---	--------------------------------------	-----------------------------------

Vehicle Make	Vehicle Make	Type of Motor Carrier Operation (Check appropriate box)			
Unit Number	Unit Number	HAZ	HHG	BUS	OTHER
Year Model	Year Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETE Vehicle ID Number (VIN)	COMPLETE Vehicle ID Number (VIN)
----------------------------------	----------------------------------

DELETION <input type="checkbox"/>	OUT OF SERVICE <input type="checkbox"/>	REPLACEMENT <input type="checkbox"/>	ACTIVATE <input type="checkbox"/>
-----------------------------------	---	--------------------------------------	-----------------------------------

Vehicle Make	Vehicle Make	Type of Motor Carrier Operation (Check appropriate box)			
Unit Number	Unit Number	HAZ	HHG	BUS	OTHER
Year Model	Year Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETE Vehicle ID Number (VIN)	COMPLETE Vehicle ID Number (VIN)
----------------------------------	----------------------------------

I, the undersigned, do hereby certify that the information provided is true and correct and that I am authorized to execute and file this document on behalf of the above motor carrier.

Signature	Print/Type Name and Title
-----------	---------------------------

The Texas Department of Motor Vehicles maintains the information collected on this form. With a few exceptions, you are entitled upon request to be informed about the information that we collect about you. Under §§552.021, 552.023, and 559.004 of the Texas Government Code, you are entitled to receive and review this information, and to have us correct erroneous information.

For more information about the Vehicle Change Form, visit our web site at [www.TxDMV.gov](http://www.TxDMV.gov). For comments concerning the application process call 800-299-1700 or email [MCD-Respond@TxDMV.gov](mailto:MCD-Respond@TxDMV.gov).