Texas Department *of* Motor Vehicles

APPLICATION FOR GENERAL DISTINGUISHING NUMBER (INDEPENDENT DEALERS)

For assistance with this form, please see the Instruction Packet LP021 or call us at the number provided on the top of this page.

APPLICATION CONTACT: State the name of the person TxDMV may contact for questions **regarding this application**:

Name:	**Phone Number:**
Email:	**Fax:**

1. TYPE OF BUSINESS (check only one box):

☐ Sole Proprietor ☐ General Partnership ☐ Limited Partnership/LTD ☐ Other (Specify below)
☐ Limited Liability Company ☐ Corporation ☐ Limited Liability Partnership _____

2. Business Name: _____
See Instruction Packet LP021, page 2, for details.

3. DBA/Assumed Name **(as registered with the SOS or County):** _____

4. Is the applicant a spouse of a person serving on active duty as a member of the armed forces of the United States AND does the applicant hold an equivalent and current license in another state? ☐ Yes ☐ No

5. EIN/SSN **(Sole Proprietor may list their SSN):** _____

6. Physical Address: _____
If you have multiple locations see instructions for providing Attachment F. **City:** _____ **Zip:** _____ **County:** _____

NOTE: There's a limit to the number of dealers that can be licensed for a business structure. See Instruction Packet LP021 for details.

7. Mailing Address: _____
☐ Same as physical
☐ Mailing address is not in Texas **City:** _____ **State:** _____ **Zip:** _____ **County:** _____

8. Business Phone Number: _____ **Business Fax Number:** _____

9. Business Email: _____ **Business Website:** (optional) _____

10. License Contact Name: _____ **Phone:** _____ **Email:** _____
☐ Same as business name ☐ Same as business phone ☐ Same as business email
☐ Same as "Application Contact" ☐ Same as "Application Contact" ☐ Same as "Application Contact"

11. Fees:

General Distinguishing Number License Fee: $700: _____ **GN**

Metal Dealer License Plate (optional): _____ **@ $90 each:** _____ **DP**

Plate Limits: Auction 0; Wholesale 1; All others 2
For more options see LP703 Dealer Plates Allowed

GRAND TOTAL: _____

See page 8 for payment & mailing instructions

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

BUSINESS NAME: _____

12. GDN type being applied for (Check one only):
If you want more than one type of GDN, you must submit a separate application for each type.

- ☐ **Motor Vehicle** (retail and wholesale of cars, trucks, motor homes, neighborhood vehicles, ROVs, ATVs)
- ☐ **Motorcycle** (retail and wholesale of motorcycles, motor scooters, mopeds, ROVs, ATVs)
- ☐ **Travel Trailer** (retail and wholesale of travel trailers, camping trailers, pop-ups)
- ☐ **Trailer/Semitrailer** (retail and wholesale of utility trailers, semitrailers)

} See Instruction Packet LP021 for more details on GDN types.

- ☐ **Wholesale Only** - May sell all GDN types only to Texas GDN dealers or to dealers from another state or country authorized by Texas law to purchase a vehicle in Texas. **This GDN does not authorize the licensee for retail sales or to sell or trade new motor vehicles.**
- ☐ **Wholesale Motor Vehicle Auction** - May sell vehicles by bid only to holders of valid GDNs or dealers who hold valid licenses from another state or nation. Motor vehicles owned by the government of the United States or the State of Texas or any subdivision thereof may be offered for sale to an unlicensed purchaser. **This GDN license does not authorize holder to auction new motor vehicles to dealers who are not franchised for that line.**
- ☐ **Independent Mobility Motor Vehicle (IMMV)** - Sells modified motor vehicles that are designed and equipped to transport a person with a disability. The IMMV license type requires a converter license and completed *Mobility Dealer Affirmation* (LF002), available on our website at: http://www.TxDMV.gov/forms-dealers.

13.	Has the Motor Vehicle Division or the Vehicle Titles and Registration Division ever licensed applicant, any partner, any LLC member or manager, or any director, officer, or owner (except for stockholders of publicly-traded companies) to act in any capacity in Texas? If so, give the name(s) and license number(s) in which license(s) was/were issued and last effective year on a separate sheet. P _____ Name: _____	☐ Yes ☐ No
14.	Has any license issued by the Motor Vehicle Division, the Vehicle Titles and Registration Division, or an agency of another state to the applicant, any partner, any LLC member or manager, or any director, officer, or owner (except for stockholders of publicly-traded companies) ever been denied, revoked, or suspended? If so, explain fully on a separate sheet.	☐ Yes ☐ No
15.	Has the applicant or any partner, any LLC member or manager, or any director, officer, or owner (except for stockholders of publicly-traded companies) ever been found to have violated the Texas Occupations Code Chapter 2301 (formally Texas Motor Vehicle Commission Code) or Chapter 503 of the Transportation Code? If so, explain fully on a separate sheet.	☐ Yes ☐ No
16.	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, own an interest in, operate, or control this dealership? If so, explain fully on a separate sheet and reference any applicable exception found in the Texas Occupations Code Chapter 2301.	☐ Yes ☐ No
17.	Does the applicant have an office area with desk, at least two chairs, internet access, and phone with a listed number?	☐ Yes ☐ No
18.	Does the applicant have a sign that is clearly visible to the public, permanently posted, with letters at least 6 inches high?	☐ Yes ☐ No
19.	Does the applicant have appropriate business hours posted that meet all TxDMV licensing requirements?	☐ Yes ☐ No
20.	Does the applicant (except wholesale) have adequate display space to display at least five vehicles?	☐ Yes ☐ No

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

BUSINESS NAME: _____

21.	Does the applicant have a current lease or ownership document for the property and agrees to submit documentation, if requested by TxDMV, demonstrating the applicant owns or leases the property on which the business is situated that meets all TxDMV licensing requirements, including a term of two years? *(If leasing the property, the lease cannot expire before the license.)*	☐ Yes ☐ No
22.	Does the applicant's proposed place of business comply with all applicable state and local government occupancy laws, ordinances, and deed restrictions?	☐ Yes ☐ No
23.	Has the applicant obtained all mandatory certificate(s) of occupancy or similar authority to operate a business at the proposed location?	☐ Yes ☐ No
24.	Is the applicant's proposed place of business located within a residence, apartment house, hotel, motel, or rooming house?	☐ Yes ☐ No

25. CERTIFICATION OF RESPONSIBILITY

The applicant or an authorized agent hereby certifies that statements made above and on attachments and documents submitted are true, complete, and correct. Applicant agrees to allow the Department to examine during working hours the ownership papers for each registered or unregistered vehicle in the applicant's possession or control. Applicant swears they are not at this time delinquent in any court-ordered obligation to pay child support. Applicant has complied with all applicable state laws and municipal ordinances.

Date: _____

_____
Printed Name

_____
Authorized Signature

_____
Title

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 (888) 368-4689 or MVD_Openrecords@TxDMV.gov.

26. ATTACHMENTS TO THE APPLICATION:

Please label each attachment with the corresponding letter. Detailed instructions for the attachments can be found in the Instruction Packet, LP021. Missing or incomplete attachments will delay application processing.

☐ **A.** **OWNERSHIP INFORMATION** – Use pages 5-6 of the application or a separate copy of Form LF601. You may duplicate page 6, as needed.

☐ **B.** **PROOF OF IDENTITY** – Attach a photocopy of the current (not expired) driver license for at least one of the owner(s) of the dealership, the president of the dealership, or the managing partner of the dealership. (If a driver license is not available, you may substitute a valid passport, current US Armed Forces Identification Card, or state-issued ID card.) Note: If this is a General Partnership, you must submit a driver license for **each** partner.

☐ **C.** **ASSUMED NAME CERTIFICATES** – All applicants intending to operate under an assumed name must attach a copy of the assumed name certificate. **Corporations, LLCs, LPs, and LLPs** must obtain these certificates from the Texas Secretary of State (SOS).
Only **Sole Proprietors & General Partnerships** may provide a certificate or file-stamped copy showing you are registered with your county in which the dealership will be located.

(Continued on next page)

BUSINESS NAME: _____

ATTACHMENTS - continued

☐ **D. SURETY BOND:**
Motor vehicle, motorcycle, wholesale, wholesale motor vehicle auction, and mobility vehicle dealers: Attach the original or a copy.
Please include the following:

- ☐ THE BOND MUST BE SIGNED AND DATED BY BOTH THE DEALER AND THE BONDING AGENT.
- ☐ The bond term must be issued for at least two years and expire on the last day of the month. This corresponds to the dealer license expiration date.
- ☐ Must be issued to match the business name as stated on Question 2. (DBA is optional.) Examples:
  - John Doe (Sole Proprietor)
  - John Doe, George Buck (General Partnership)
  - Buck'n Doe Autos, LLP (Limited Liability Partnership)
  - John Doe, Inc. (Corporation)
  - John Doe, Inc. DBA Doe Autos (Corporation with a DBA)
- ☐ Include power of attorney from the bonding company. (a copy is accepted)
- ☐ Must use the approved format and be in the amount of $25,000. (A sample bond is provided in the Instructions Packet, Form LP021.)
- ☐ The physical address must be shown entirely and correctly with street number, street name, city, state, and zip code. This must be ABSOLUTELY CORRECT and match information entered in Question 6.
- ☐ Physical addresses of all supplemental locations in the same city must appear on the bond.

☐ **E. CERTIFICATE OF INCORPORATION, ORGANIZATION, OR PARTNERSHIP:**
Attach the Certificate of Filing issued by the Texas Secretary of State (SOS), showing that the entity has been formed and approved. Please do not submit your filing documents.
Or
If your business was formed in another state, attach the Certificate of Authority issued by the Texas SOS showing that the entity has the right to conduct business in Texas.

☐ **F. ADDITIONAL LOCATIONS OF THE SAME LICENSE TYPE** – If you are applying for more than one location, within the same city limits AND of the same GDN type, list the location information and contact person on a separate piece of paper. Also be sure the physical address is shown on the bond. See Instruction Packet LP021 for details.

- If you are applying for multiple locations with different GDN types, you must submit separate applications and supporting documents, including bond and Power of Attorney (POA).
- If you are applying for multiple locations in different cities, you must submit separate applications and supporting documents, including bond and POA.

☐ **G. APPLICATION FOR eTAGS** – Complete and attach page 7 of this packet.

☐ **H. FEES:**

1) Mail or fax this form, with all fees and attachments, to the appropriate address listed on the chart below.
2) A credit card payment form is included on page 8.
3) If paying by credit card, you may fax the entire package (including the credit card form) to (512) 465-3599. If you choose to fax the package, do NOT also mail the package.

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

BUSINESS NAME: _____

OWNERSHIP INFORMATION

All applicants MUST answer these questions:

1.	Has any person listed on this form ever been convicted of a felony?	☐ Yes ☐ No
2.	Has any officer, director, partner, trustee, manager, member, or other person acting in a representative capacity for the applicant or license holder ever been convicted of a felony?	☐ Yes ☐ No
3.	For each felony conviction (regardless whether previously reported to TxDMV), give full details of the felony on a separate sheet. Include the name of the person convicted, title or relationship to the applicant, crime, date, place of conviction, sentence received, etc.	☐ Attached ☐ N/A
4.	If the felony conviction has not been previously reported to the TxDMV, attach copies of all final court judgments for those convictions.	☐ Attached ☐ N/A

*Any felony conviction is a material change that must be reported to the TxDMV by the applicant or license holder.

TYPE OF BUSINESS (check only one box):

☐ Sole Proprietorship ☐ General Partnership ☐ Limited Partnership/LTD ☐ Other (Specify below)

☐ Limited Liability Company ☐ Corporation ☐ Limited Liability Partnership _____

SPECIFIC INSTRUCTIONS

- Complete as many information block sections as needed to show 100% total ownership. If you need more space, please reprint the next page.
- Only direct ownership of the business entity (applicant) applying for the license should be provided. If direct ownership is held by another business entity, do not list that business entity's ownership.
- In the "Name of Owner" field, list the name of each person and/or business that has an ownership interest in the business entity (applicant) applying for the license:
  - SOLE PROPRIETOR: list the legal name and SSN of the owner (for example, John Doe, Jr.)
  - GENERAL PARTNERSHIP: list the legal name and SSN of each owner (for example, John Doe Jr., Jane Doe)
  - ALL OTHERS: list the full legal name of each person (and his/her SSN) or business entity that has ownership.
  - If the applicant is a publicly traded or nonprofit corporation, please mark the appropriate box in section one. Complete section one listing one officer/director in lieu of ownership information.

OWNERSHIP INFORMATION TOTALING 100% IS REQUIRED

1.

Name of Owner (Person or Business) _____ Title _____ % of Ownership _____

Date of Birth _____ Driver's License # and State _____ Expiration Date _____ SSN (if person) OR EIN (if business) _____

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

2.

Name of Owner (Person or Business) _____ Title _____ % of Ownership _____

Date of Birth _____ Driver's License # and State _____ Expiration Date _____ SSN (if person) OR EIN (if business) _____

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

All persons listed must provide SSN.

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

BUSINESS NAME: _____

OWNERSHIP INFORMATION, continued

3.

Name of Owner (Person or Business) | Title | % of Ownership

Date of Birth | Driver's License # and State | Expiration Date | SSN (if person) OR EIN (if business)

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

4.

Name of Owner (Person or Business) | Title | % of Ownership

Date of Birth | Driver's License # and State | Expiration Date | SSN (if person) OR EIN (if business)

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

5.

Name of Owner (Person or Business) | Title | % of Ownership

Date of Birth | Driver's License # and State | Expiration Date | SSN (if person) OR EIN (if business)

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

6.

Name of Owner (Person or Business) | Title | % of Ownership

Date of Birth | Driver's License # and State | Expiration Date | SSN (if person) OR EIN (if business)

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

7.

Name of Owner (Person or Business) | Title | % of Ownership

Date of Birth | Driver's License # and State | Expiration Date | SSN (if person) OR EIN (if business)

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

8.

Name of Owner (Person or Business) | Title | % of Ownership

Date of Birth | Driver's License # and State | Expiration Date | SSN (if person) OR EIN (if business)

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

All persons listed must provide SSN.

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Application for New eTags Account

WHO SHOULD SUBMIT THIS FORM Include this form with your new license application.	OR	If you have an application in process, complete this form to sign up for a NEW eTags account and provide your work item number. Work Item or License Number _____

The eTag system is designed to make it easy for you to process dealer tags and provide retail purchasers with temporary registration tags throughout the state. **Texas law requires dealers to issue one temporary buyer's tag to a person who buys a vehicle.** The temporary tag is issued by the state, through a web-based program called eTag. In order to access and use the eTag system, you must have internet access.

To establish an eTags account, you must designate a system administrator who will be the contact between TxDMV and your dealership. The administrator will also be responsible for providing other employees with the rights and privileges to use the eTags functions. You may limit this authority to the system administrator or expand it to additional employees. You may also assign one person to be the system administrator for multiple dealer licenses.

Using the table below, identify the designated system administrator for your dealership and return this form to TxDMV. Upon approval of your license, your designated system administrator will receive an email with a User ID and a separate email with a password, both of which will be necessary to access the eTag database.

BUSINESS NAME: _____

CONTACT FIRST NAME: _____

CONTACT MIDDLE INITIAL: _____

CONTACT LAST NAME: _____

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

FORM SUBMISSION	**THIS FORM MUST ACCOMPANY AN APPLICATION OR CONTAIN A WORK ITEM NUMBER**
By Mail:	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 26487 Austin, TX 78755
Via Fax:	(512) 302-2328
Via Email:	MVD-scancenter@TxDMV.gov
FOR ASSISTANCE with this form, please call toll free 1-888-368-4689.	

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BUSINESS NAME: _____

PAYMENT AND MAILING INSTRUCTIONS

Payment can be made by Credit Card, Personal Check, Money Order, Cashier Check, or Wire Transfer.

Payment and Mailing Information:		
METHOD OF PAYMENT	INSTRUCTIONS	FORWARD TO:
Credit Card Amount must be between $5 and $2000 (A fee of $1.00 will be added to each Credit Card Transaction)	Complete the "Payment By Credit Card" form included on the next page. Mail form and documents or fax form and documents	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 26487 Austin, TX 78755 Fax: (512) 465-3599
Check or Money Order (A fee of $30 will be charged for returned checks)	Pay to: Texas Department of Motor Vehicles Mail check/money order and documents	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 13044 Austin, TX 78711-3044
Wire Transfer	Call or email to let us know to expect the wire. Fax or email your documents the same day you send the transfer. Call: (512) 465-7327 Fax: (512) 465-3599 Email: MVD_Licensing_Inquiries@TxDMV.gov	Financial Institution: Comptroller, Austin, TX Routing Number: 114900164 Account Name: Comptroller of Public Accounts, Treasury Operations Account No. to Credit: 463600001 Reference: (i.e. - Remitter's name) Attention: 608-Texas Department of Motor Vehicles, Motor Vehicle Division Chema Sanchez or Keith Parker

Documents Only - No Payment Being Forwarded		
Item being submitted	INSTRUCTIONS	FORWARD TO:
Documents for the Motor Vehicle Division	Mail or fax documents	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 26487 Austin, TX 78755 Fax: (512) 465-3599
Request for an Open Record or Subpoena	Fax signed request	Administration (512) 465-3666 Consumer Affairs (512) 374-5499 Enforcement (512) 374-5496

Overnight mail to a post office box can only be delivered by the United States Postal Service.

BUSINESS NAME: _____

Form 2293: PAYMENT BY CREDIT CARD

This form is for credit card payment information only.
This form does not constitute a request for services.

TO: MOTOR VEHICLE DIVISION	*Check appropriate box:*
ATTENTION: _____	☐ Civil Penalty ☐ Open Records
DATE: _____	☐ Lemon Law Fee ☐ Protest fee
MVD FAX #: (512) 465-3599	☐ Licensing Fee ☐ Subpoena
	☐ Insufficient Funds Fee

Comment: _____

Applicant Name: _____

Assumed Name: _____

Name on Credit Card: _____

Billing Street,
City, State, Zip: _____

Phone: _____

Fax: _____

Docket No. (if applicable) _____

License No. (if applicable) _____

Invoice Number: _____

MVD USE ONLY
ENTRY RECORD

Date _____

AC# _____

Amount _____

Agent _____

Credit Card Information:

Credit Card Type ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date (month/year) ☐☐ / ☐☐

$ _____ _____
Amount Approved (Add $1 Fee) Signature

AMOUNT MUST BE BETWEEN $5 and $2000

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