





# Evidence of Franchise, PART B: Acknowledgement of Application for Franchised Dealer's License

This form certifies that a franchise agreement has been executed by and between:

Complete Legal Name of Dealer Applicant (Sole proprietors and general partners must list the first name and last name for individual(s). Business entities (such as Corporations, LLC, LTD, etc.) must list the complete business name, as filed with the Texas Secretary of State.)

and Complete Legal Name of Manufacturer or Distributor (Must be identical to the name that appears on the manufacturer's or distributor's license.)

for conducting the franchised dealership business described in Form LF131 Part A at:

Dealership Physical Address City State Zip County

Signature of Authorized Representative of Manufacturer or Distributor Typed or Printed Name of Authorized Representative of Manufacturer or Distributor Date

Phone of Signatory: Email of Signatory:

Submission of this form to the TxDMV must be accompanied by a photocopy of any one of the following three items: (1) the Evidence of Franchise Form LF131 Part B, or (2) the entire executed franchise agreement, or (3) the executed franchise agreement excerpts required by 43 Tex. Admin. Code §215.110, represents to the agency that the manufacturer or distributor and the applicant dealer have entered into a franchise agreement, as stated in Occupations Code §2301.002(15) and (16) and 43 Tex. Admin. Code §215.110. Upon submission of the franchise agreement, the excerpts, or Form LF 131 Part B, the TxDMV may issue the franchised dealer license, effective immediately. Do not submit Form B if Form A has not been submitted previously or simultaneously.

If not previously provided, the applicant for the franchised dealer license must submit a photocopy of the pages of the franchise agreement(s) which reflect the parties to the agreement(s) and the authorized signatures of the parties to the agreement(s) for each line-make of motor vehicle listed in the application.

**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

**By Courier:** Texas Department of Motor Vehicles  
Motor Vehicle Division  
4000 Jackson Avenue  
Austin, TX 78731

**By Fax:** (512) 465-4190

**By email:** MVD\_Franchise\_Forms@TxDMV.gov

**FOR ASSISTANCE** with this form, please call toll free (888) 368-4689.

### Privacy Statement

The Texas Department of Motor Vehicles maintains 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.