



EVIDENCE OF RELOCATION APPROVAL

To: Texas Department of Motor Vehicles
Motor Vehicle Division
PO Box 26487
Austin, TX 78755

This is to certify that: _____
Dealer Legal Name, DBA

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

Dealership Physical Address _____ City _____ State _____ Zip Code _____

to _____
New Dealership Physical Address _____ City _____ State _____ Zip Code _____

This Dealer is authorized by _____
Manufacturer/Distributor Legal Name

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 as they appear on the manufacture/distributor license.	TYPE CODE

Type Codes:

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

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.

Typed or Printed Name of Authorized Manufacturer's or Distributor's

Authorized Signature and Title

Date

Mailing Address _____ City _____ State _____ Zip Code _____

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 be informed about the information collected, or to make an open records request, contact 1-888-368-4689 or MVD_Openrecords@TxDMV.gov.