Texas Department of Motor Vehicles

REPRESENTATIVE INFORMATION, Form LF603

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.

If Representative is an Individual or Employee of a Manufacturer, Distributor, or Converter

Additional instructions are in LP023, page 3

- If the applicant is an individual or an employee of a company, check the appropriate box and complete all of the fields below.
- All persons listed must provide SSN.

Type of Entity (check only one box):

☐ Individual ☐ Employee of Manufacturer, Distributor, or Converter

Name of Person _____ Title _____

Date of Birth _____ Driver's License # and State _____ Expiration Date _____ SSN _____

If Representative is a Company

Additional instructions are in LP023, page 3

- Only if the representative applicant is a business, complete enough blocks to total 100% ownership of that business.
- If direct ownership of that business is held by another business entity, do not further list that business entity's ownership.
- If the applicant is a publicly traded or nonprofit corporation, provide officer/director information for one person, in lieu of ownership information.

TYPE OF BUSINESS (check only one box):

☐ Limited Partnership/LTD ☐ Limited Liability Company ☐ Corporation ☐ Limited Liability Partnership

If this is a corporation, is it nonprofit? ☐ **YES** ☐ **NO** **If this is a corporation, is it publicly traded?** ☐ **YES** ☐ **NO**

1.

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

Date of Birth _____ Driver's License # and State _____ Expiration Date _____ SSN _____

2.

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

Date of Birth _____ Driver's License # and State _____ Expiration Date _____ SSN _____

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