Texas Department *of* Motor Vehicles

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

APPLICATION TO AMEND INDEPENDENT MOTOR VEHICLE DEALER'S LICENSE

GDN: _____

1. INFORMATION AS IT CURRENTLY APPEARS ON YOUR LICENSE:
   A. BUSINESS NAME: _____ ASSUMED NAME/DBA: _____
   B. PHYSICAL ADDRESS: _____
      CITY: _____ ZIP: _____ COUNTY: _____
   C. MAILING ADDRESS: _____
      CITY: _____ STATE: _____ ZIP: _____
2. TELEPHONE NUMBER: _____ FAX: _____
3. NEW INFORMATION (Fill in each blank or state "No Change")
   A. NEW BUSINESS NAME OR ASSUMED NAME/DBA (If more than 1 license, complete form LF604):
      _____
   B. MOVED TO NEW DEALERSHIP ADDRESS (NOTE: IF NEW LOCATION IS IN A DIFFERENT CITY THAN THE CURRENT LICENSE, YOU MUST SUBMIT A NEW APPLICATION):
      _____
   C. ADDED AN ADDITIONAL DEALERSHIP LOCATION (MUST BE IN SAME CITY AS CURRENT LICENSE):
      _____
   D. MAILING ADDRESS:
      _____
   E. NEW PHONE NUMBER, FAX NUMBER, OR EMAIL ADDRESS:
      _____
   F. CHANGE FROM: ☐ WHOLESALE TO RETAIL ☐ RETAIL TO WHOLESALE (see Page 2)
   G. ☐ OWNERSHIP CHANGE: (see Page 2 and complete Form LF601)
   H. ☐ CONVERSION FROM ONE ENTITY TO ANOTHER. (If more than 1 license, complete form LF604) (see Page 3)
   I. OTHER (SPECIFY IN DETAIL):
      _____
4. ATTACH ALL REQUIRED DOCUMENTATION AND ANSWERS TO YES/NO QUESTIONS ON THE FOLLOWING PAGES RELEVANT TO THE CHANGE(S) YOU ARE MAKING.
5. AMENDMENT FEE IS $25.00, PAYABLE TO TEXAS DEPARTMENT OF MOTOR VEHICLES. INCLUDE YOUR NAME OR DBA ON THE CHECK /MONEY ORDER. COMPLETE ATTACHED FORM IF PAYING BY CREDIT CARD. IF PAYING BY CREDIT CARD AN ADDITIONAL FEE OF $1.00 WILL BE ADDED.
6. MAIL THIS FORM AND ALL ATTACHMENTS TO:

PAYING BY CHECK/MONEY ORDER:
MOTOR VEHICLE DIVISION
PO BOX 13044
AUSTIN TX 78711-3044

PAYING BY CREDIT CARD:
MOTOR VEHICLE DIVISION
PO BOX 2293
AUSTIN TX 78768-2293

REMEMBER: MISSING, INCOMPLETE, OR INACCURATE INFORMATION MAY DELAY PROCESSING OF YOUR AMENDMENT.

(NOTE: FEES ARE NON-REFUNDABLE) **$25.00 RA**

REQUIRED ATTACHMENTS

BUSINESS NAME OR ASSUMED NAME CHANGE:

- ☐ If this change affects more than one license, you are required to complete Form LF604.
- ☐ A rider from your bond company showing the name change (Identical to the name on file with the county/ Secretary of State).
- ☐ Assumed name certificate (from the Secretary of State for corporations, LPs, LLPs & LLCs, from the county for sole proprietors and general partnerships).
- ☐ Amended corporate papers from the Secretary of State if your corporate name has changed.

Does the applicant have a new sign (permanently posted, with letters at least 6 inches high)?
☐ Yes ☐ No

NEW BUSINESS LOCATION (IN SAME CITY) OR SUPPLEMENTAL LOCATION(S):

- ☐ A rider from your bond company showing the new location, or all locations if adding a supplemental location.

Does the applicant have a current lease or ownership document for the property and agrees to submit documentation, if requested by the department, demonstrating the applicant owns or has a lease for the property on which the business is situated? (*If leasing the property, the lease cannot expire before the license.*)
☐ Yes ☐ No

Does the applicant have a sign (permanently posted, with letters at least 6 inches high)?
☐ Yes ☐ No
Does the applicant (except wholesale) have a display space sufficient for the display of at least five vehicles?
☐ Yes ☐ No
Does the applicant have office areas (with desk, at least two chairs, internet, and working phone)?
☐ Yes ☐ No
Does the applicant have business hours posted?
☐ Yes ☐ No

CHANGING FROM WHOLESALE TO RETAIL:

NOTE: Wholesale and retail dealers cannot office within the same structure.

Does the applicant (except wholesale) have a display space sufficient for the display of at least five vehicles?
☐ Yes ☐ No
Does the applicant have business hours posted?
☐ Yes ☐ No

CHANGING FROM RETAIL TO WHOLESALE:

Does the applicant have business hours posted?
☐ Yes ☐ No

OWNERSHIP CHANGES:

- ☐ If this change affects more than one license, you are required to complete Form LF604.
- ☐ Replacement of a partner:
  - ☐ Assumed name certificate with new names;
  - ☐ Complete the attached Form LF601, Ownership and Management Information;
  - ☐ Attach business background for new partner, covering at least the last 8 years;
  - ☐ Attach photocopies of proof of identity for new partner(s) (driver's license).
  - ☐ A rider from your bond company showing the name change.
- ☐ Other ownership changes – call MVD for instructions. You may have to submit a new application.

GIVING UP A FRANCHISE LICENSE (NEW MOTOR VEHICLE/MOTORCYCLE/TRAVEL TRAILER SALES):

- ☐ Attach an original bond, with an expiration date matching the expiration date of your GDN (P-number) **(NOT REQUIRED FOR TRAVEL TRAILER DEALERS)**. Also attach the original power of attorney that accompanied the bond**.**
- ☐ If your assumed name has changed, follow instructions above for a Name or Assumed Name/DBA Change.

CONVERSION FROM ONE ENTITY TO ANOTHER:

- ☐ If this change affects more than one license, you are required to complete form LF604.
- ☐ Attach a copy of the certificate of conversion issued by the Secretary of State.
- ☐ New certificate for the entity (corporation, LP, LLP, or LLC).
- ☐ Documentation issued by the appropriate Secretary of State stating that the entity change was a result of a conversion.
- ☐ Complete the attached ownership and management information form (Form LF601). The form must be signed by an individual authorized to act for the licensee and notarized.

The applicant or an authorized agent hereby certifies under penalty of perjury that statements made above and on attachments hereto and documents submitted herewith are true, complete, and correct. Applicant swears they are not at this time delinquent in any court-ordered obligation to pay child support. 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 has complied with all applicable state laws and municipal ordinances.

Date: _____

_____
Signature – Applicant or Authorized Officer

_____
Title

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me this _____ day of _____ , 20____ .

_____
Notary Public

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 1-888-368-4689 or MVD_Openrecords@TxDMV.gov.

Who can I call for help?