



LF021 (REV. 06/07)
Previous versions obsolete
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**Motor Vehicle Division
PO Box 13044
Austin, TX 78711-3044
TOLL-FREE (877)366-8887**

MVD USE ONLY
Date: _____
Init: _____

APPLICATION TO AMEND INDEPENDENT MOTOR VEHICLE DEALER'S LICENSE

GDN:

1. INFORMATION AS IT CURRENTLY APPEARS ON YOUR LICENSE:

- A. BUSINESS NAME:
- B. ASSUMED NAME/DBA:
- C. PHYSICAL ADDRESS:

CITY: ZIP: COUNTY:

D. MAILING ADDRESS:

CITY: STATE: ZIP:

2. TELEPHONE NUMBER:

FAX:

3. NEW INFORMATION (FILL IN ALL THAT APPLY)

- A. NEW BUSINESS NAME OR ASSUMED NAME/DBA (If more than 1 license, complete form LF604):
- B. NEW PHYSICAL ADDRESS (NOTE: IF NEW LOCATION IS IN A DIFFERENT CITY THAN THE CURRENT LICENSE, YOU MUST SUBMIT A NEW APPLICATION):
- C. NEW SUPPLEMENTAL LOCATION (MUST BE IN SAME CITY AS CURRENT LICENSE):
- D. CHANGE FROM: WHOLESALE TO RETAIL RETAIL TO WHOLESALE
- E. OWNERSHIP CHANGE: (Complete form LF601)
- F. CONVERSION FROM ONE ENTITY TO ANOTHER. (If more than 1 license, complete form LF604)
- G. OTHER (SPECIFY IN DETAIL):

- 4. ATTACH ALL REQUIRED DOCUMENTATION FOR THE CHANGE YOU ARE MAKING (DETAILED REQUIREMENTS ARE ON THE BACK OF THIS SHEET).
- 5. AMENDMENT FEE IS \$25.00, PAYABLE TO TEXAS DEPARTMENT OF TRANSPORTATION. 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.

\$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.
- A picture of your new business sign (visible from the street, permanently mounted, letters at least 6 inches high, only if DBA changes or entity name if no DBA).

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.
- A lease or deed valid for at least the remaining term of your license showing the landlord, tenant, and new physical address. Sublessors must provide proof of consent from the landlord for the subleasing and landlords original lease. **If your documents describe the property by lot/block number, attach a statement certifying that the property description and the physical address are the same.**
- Pictures of the following:
 - Overall appearance of the building and display lot from across the street;
 - Office with the desk, phone, and two chairs;
 - Sign with business name (visible from the street, permanently mounted, letters at least 6 inches high);
 - Office hours (posted at the main entrance and must show operating days and hours). If shared with other dealers, office hours must have your business name.
- A map with detailed directions including major intersections.

CHANGING FROM WHOLESALE TO RETAIL:

- Pictures of the following:
 - Office hours: a) Must be posted at the main entrance and must show operating days and hours;
b) Must be open at least 4 hours per day, 4 days per week.
 - Display space suitable for at least 5 vehicles. (If location has more than one dealer or is located with other businesses, you must group vehicles together and identify the area.)

WHOLESALE AND RETAIL DEALERS CANNOT OFFICE WITHIN THE SAME STRUCTURE

CHANGING FROM RETAIL TO WHOLESALE:

- Picture of office hours (must be visible from outside and must show operating days and hours).

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 1806, 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 Transportation maintains the information collected through this form. With few exceptions, you are entitled on request to be informed about the information that we collect about you. Under Sections 552.023 of the Texas Government Code, you also are entitled to receive and review the information. Under Section 559.004 of the Government Code, you are also entitled to have us correct information about you that is incorrect. For inquiries call 512-416-4800.