

Motor Vehicle Division
PO Box 13044
Austin, TX 78711-3044
(512) 416-4800 • TOLL-FREE (877) 366-8887

MVD USE ONLY
Date: _____
Init: _____

APPLICATION TO AMEND FRANCHISED MOTOR VEHICLE DEALER'S LICENSE

GDN(S): _____ **FRANCHISE LICENSE #:** _____

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:** _____
- E. TELEPHONE NUMBER:** _____ **FAX:** _____

2. This amendment application is for (check all that apply):

- | | |
|--|--|
| <ul style="list-style-type: none"> Addition of new motor vehicle line Entity name change Conversion from one entity to another Addition of supplemental used vehicle lot Other (If so, explain fully on a separate sheet) | <ul style="list-style-type: none"> Deletion of new motor vehicle line Assumed name change Change in dealer principal or general manager Changes in ownership |
|--|--|

3. ADDITION OF MOTOR VEHICLE LINE(S) – attach a copy of the pages of the franchise agreement showing all parties to the agreement, their signatures, address where lines are sold, all line-makes and types being added (include product addenda if used) or the Evidence of Franchise Form. Indicate whether the addition is a buy/sell transaction with an existing dealer or is a new franchise point. **Attach additional sheets if necessary.**

*****IF ADDING LINES, ATTACH A MAP PINPOINTING THE LOCATION OF YOUR DEALERSHIP.*****

- Type Codes:**
- | | | |
|---------------------------------|--|------------------------------|
| AA – Passenger Auto <u>Only</u> | AB – Ambulance | AT – ATV |
| BS – Bus | CT – Passenger Auto <u>AND</u> Light Truck | EN – Engine/Transmission |
| FT – Fire Truck | HT – Heavy Truck | LT – Light Truck <u>Only</u> |
| MC – Motorcycle | MH – Motor Home | MS – Motor Scooter/Moped |
| MT – Medium Truck | NV – Neighborhood Vehicle | OT – Other |
| TR – Towable RV | | |

A.	MANUFACTURER/DISTRIBUTOR NAME AND LICENSE EXPIRATION DATE	LINE-MAKE (BRAND)	TYPE CODE
			<input type="checkbox"/> New Franchise Point <input type="checkbox"/> Purchasing Line from Existing Dealer
			<input type="checkbox"/> New Franchise Point <input type="checkbox"/> Purchasing Line from Existing Dealer
			<input type="checkbox"/> New Franchise Point <input type="checkbox"/> Purchasing Line from Existing Dealer
			<input type="checkbox"/> New Franchise Point <input type="checkbox"/> Purchasing Line from Existing Dealer

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

\$25.00 RA

BUSINESS NAME/DBA: _____

B.	Does any other dealership in your county or within 15 straight-line miles of your dealership currently handle any line of new motor vehicles that you are seeking to add?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	If the answer to “B” above is Yes, do the dealerships, to your knowledge intend to continue handling the line you are seeking to add?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.	If answers to “B” or “C” above are Yes, list the name and address of each dealership on a separate sheet.	
E.	If you are buying a dealership or lines from an existing dealer, identify the selling dealer(s), address and pinpoint selling dealership(s) location on a map.	

4. Does any motor vehicle manufacturer or distributor, or any person or entity who is owned, controlled by, or under common control with a motor vehicle manufacturer, have any ownership interest in this dealership? <u>If so, explain fully on a separate sheet.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5. OWNERSHIP OR MANAGEMENT CHANGE: Complete the attached ownership and management information form (form 1806). The form must be signed by an individual authorized to act for the dealership and notarized.

6. GENERAL MANAGER OR DEALER PRINCIPAL CHANGE. State the name of the new person and their title.

7. NEW ENTITY NAME – Attach documentation of entity name change. If no assumed name, attach a picture of the signage showing the new entity name.

8. NEW ASSUMED NAME – List the new assumed name and attach a copy of the assumed name certificate. For corporations, LPs, LLPs, & LLCs, certificate must be from the Secretary of State; sole proprietors & general partnerships from the county. Attach a picture of the signage showing the new assumed name.

9. CONVERSION – 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 1806). The form must be signed by an individual authorized to act for the dealership and notarized.

10. DELETION OF MOTOR VEHICLE LINE(S). List each line of new motor vehicle to be discontinued and the effective date of discontinuance (attach additional sheets if necessary). **IF YOU ARE DELETING ALL NEW MOTOR VEHICLE LINES, YOUR GDN MAY BE CANCELLED. IF YOU WISH TO CONTINUE IN BUSINESS SELLING USED VEHICLES, ATTACH AN ORIGINAL MOTOR VEHICLE DEALER’S SURETY BOND (IN THE AMOUNT OF \$25,000) AND POWER OF ATTORNEY.**

BUSINESS NAME/DBA: _____

11. ADDITION OF SUPPLEMENTAL USED VEHICLE LOT(S). If adding a used-vehicle-only facility at a location that is not currently licensed, list address(es) below. Attach photos showing business name signage, office, business hours and overall photo from across the street to include the building and display area. Attach proof of occupancy (lease, deed, tax receipt). Include a new assumed name certificate if different from the assumed name currently filed with your license.

PAYMENT OPTIONS: FEE FOR THE AMENDMENT APPLICATION IS \$25.00

CREDIT CARD Amount limited to \$5.00 to \$2000.00 (A fee of \$1.00 will be added to each Credit Card Transaction)	Complete the "Payment By Credit Card" form enclosed. Mail form and documents	Texas Department of Transportation Motor Vehicle Division P. O. Box 2293 Austin, TX 78768-2293
PERSONAL CHECK OR MONEY ORDER (A fee of \$25.00 will be charged for returned checks)	Mail check or money order and documents	Texas Department of Transportation Motor Vehicle Division P. O. Box 13044 Austin, TX 78711-3044

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 and correct, and that all documents attached hereto or submitted herewith are complete and submitted in their entirety and are accurately represented. Applicant swears they are not at this time delinquent in any court-ordered obligation to pay child support.

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.