

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

MVD USE ONLY
DATE: _____
INIT: _____

APPLICATION TO AMEND MANUFACTURER/DISTRIBUTOR LICENSE

LICENSE NO: _____

1. INFORMATION AS IT CURRENTLY APPEARS ON YOUR LICENSE:

A. BUSINESS NAME: _____

B. ASSUMED NAME/DBA: _____

C. PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

D. MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

2. TELEPHONE NUMBER: _____ **FAX:** _____

3. E-MAIL ADDRESS: _____

4. CONTACT NAME AND TELEPHONE NUMBER: _____

5. NEW INFORMATION (CHECK ALL THAT APPLY):

A. NEW BUSINESS NAME OR ASSUMED NAME/DBA: (FILL IN THE BLANK)

B. NEW PHYSICAL ADDRESS: (FILL IN THE BLANK)

- | | |
|---|--|
| <input type="checkbox"/> C. OWNERSHIP OR MANAGEMENT CHANGE | <input type="checkbox"/> D. CONVERSION FROM ONE ENTITY TO ANOTHER |
| <input type="checkbox"/> E. CHANGES IN LINE-MAKE(S) | <input type="checkbox"/> F. ADDITION OF DEALER(S) |
| <input type="checkbox"/> G. DELETION OF DEALERS | <input type="checkbox"/> H. CHANGE IN WARRANTY INFORMATION |
| <input type="checkbox"/> I. CHANGE IN PREPARATION AND DELIVERY INFORMATION | <input type="checkbox"/> J. CHANGE IN DISTRIBUTOR(S) |
| <input type="checkbox"/> K. CHANGE IN MANUFACTURER(S) | <input type="checkbox"/> L. OTHER (SPECIFY ON A SEPARATE SHEET) |

6. ATTACH ALL REQUIRED DOCUMENTATION FOR THE CHANGE YOU ARE MAKING (DETAILED REQUIREMENTS ARE ON THE BACK OF THIS SHEET).

7. 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.

8. 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 WILL DELAY PROCESSING OF YOUR AMENDMENT.

\$25.00 RA

REQUIRED ATTACHMENTS/INFORMATION

BUSINESS NAME/DBA: _____

BUSINESS NAME OR ASSUMED NAME/DBA CHANGE:

- Assumed name certificate (from the Secretary of State for corporations, LPs, LLPs & LLCs, from the county for individuals and general partnerships).
- Amended corporate papers from the Secretary of State if your corporate name has changed.

OWNERSHIP OR MANAGEMENT CHANGE:

- Complete the attached ownership and management information form LF602. The form must be signed by an individual authorized to act for the licensee and notarized.

CONVERSION FROM ONE ENTITY TO ANOTHER:

- 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 LF602. The form must be signed by an individual authorized to act for the licensee and notarized.

CHANGES IN LINE-MAKE(S):

Type Codes:	AA – Passenger Auto <u>Only</u>	AB – Ambulance	AT – ATV
	BS – Bus	CT – Passenger Auto <u>AND</u>	EN – Engine/Transmission/
	FT – Fire Truck	Light Truck	Axle (NEW, GVWR
	MC – Motorcycle	HT – Heavy Truck	OVER 16,000 LBS)
	MH – Motor Home	MS – Motor Scooter/Moped	LT – Light Truck <u>Only</u>
	TR – Towable RV	NV – Neighborhood Vehicle	MT – Medium Truck
			OT – Other

NAME OF LINE-MAKE	CHECK ONE	TYPE
	<input type="checkbox"/> NEW LINE <input type="checkbox"/> REVISION OF EXISTING LINE <input type="checkbox"/> REPLACED LINE (specify) _____ <input type="checkbox"/> DELETE	
	<input type="checkbox"/> NEW LINE <input type="checkbox"/> REVISION OF EXISTING LINE <input type="checkbox"/> REPLACES LINE (specify) _____ <input type="checkbox"/> DELETE	
	<input type="checkbox"/> NEW LINE <input type="checkbox"/> REVISION OF EXISTING LINE <input type="checkbox"/> REPLACES LINE (specify) _____ <input type="checkbox"/> DELETE	

- CHECK ONE:** ALL CURRENT DEALERS AUTOMATICALLY QUALIFY TO SELL THE NEW LINE(S).
 CURRENT DEALERS MUST INDIVIDUALLY QUALIFY TO SELL THE NEW LINE(S). Attach a description of the criteria used to qualify dealers to sell the new line(s).

- Attach a sample copy of the dealer sales and service agreement (franchise agreement) for each new line-make stating the obligations of franchised dealers in Texas to applicant and the obligations of applicant to its franchised dealers in Texas.
- Attach brochures or photographs depicting your new product(s), with a description of the product specifications.
- Attach samples of completed Manufacturer's Statements/Certificates of Origin (front and back) for each new line-make manufactured or distributed in Texas.
- Attach documentation setting out the warranty protection provided a retail purchaser of the applicant's new products.
- Attach a list of all dealers who will be selling the new lines. Include name, business address, General Distinguishing Number (P-number), and franchise license number of each dealer (if dealer is already licensed in Texas), and list the line-makes and types of vehicles each dealer is authorized to sell.

ADDITION OF DEALERS:

- Attach a list of any new franchised dealers in Texas. Include name, business address, General Distinguishing Number (P-number), and franchise license number of each dealer (if dealer is already licensed in Texas), and list the line-makes and types of vehicles each dealer is authorized to sell.

DELETION OF DEALERS:

- Attach a list, including name, business address, GDN(P#), and franchise license number, of each dealer with whom you no longer do business.
- Attach documentation for each dealer explaining why the franchise relationship has terminated.

REQUIRED ATTACHMENTS/INFORMATION CON'T.

BUSINESS NAME/DBA: _____

CHANGE IN WARRANTY INFORMATION (Provide all that apply)

- Attach a copy of each new warranty agreement currently in effect between the applicant and its franchised dealers governing all motor vehicles produced or distributed in Texas by applicant.
- Attach documentation setting out the new basis for compensating dealers in Texas for labor, parts, and other expenses incurred in connection with applicant's motor vehicle warranty agreements (hourly rate).
- Attach documentation setting out the new warranty protection provided a retail purchaser of the applicant's products.

CHANGE IN PREPARATION AND DELIVERY INFORMATION (Provide all that apply)

- Attach documentation setting out the new preparation and delivery obligations of applicant's franchised dealers in Texas before delivery of a new motor vehicle to a retail purchaser.
- Attach documentation setting out the new schedule of compensation to be paid to applicant's franchised dealers in Texas for work and service performed in connection with the franchised dealer's preparation and delivery obligations.

CHANGE IN DISTRIBUTOR(S) (Provide all that apply)

- Provide name(s) and address(es) of all new distributors involved in the distribution of motor vehicles manufactured by applicant.
- Provide a list of distributor(s) with whom applicant no longer does business.

CHANGE IN MANUFACTURER(S) (Provide all that apply)

- Provide name(s) and address(es) of all new manufacturers for whom applicant will act in Texas. If new manufacturer is licensed in Texas, include Texas motor vehicle manufacturer's license number and expiration date.
- Provide a photocopy of each contract under which applicant will act for a new manufacturer.
- Provide a list of manufacturer(s) with whom applicant no longer does business.

Applicant or authorized agent hereby certifies under penalty of perjury that statements made above and on attachments and documents submitted are true and correct, and that all documents submitted with this application are complete, submitted in their entirety, and are accurately represented. 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 swears they are not at this time delinquent in any court-ordered obligation to pay child support. In accordance with Texas Occupations Code §2301.259(c), applicant certifies it will comply with Texas Occupations Code §§2301.401-2301.406 and 2301.451 – 2301.476.

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.