

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

APPLICATION TO AMEND REPRESENTATIVE LICENSE

LICENSE	NO:				
1. INFORM	IATION AS IT CURRENTLY APPEARS ON YOUR	R LICENSE:			
A. APP	PLICANT NAME:				
B. ASS	SUMED NAME/DBA:				
	SICAL ADDRESS:				
	Y:				
	LING ADDRESS:				
CITY	Y:				
	IONE NUMBER:				
3. E-MAIL ADDRESS:					
4. CONTAC	CT NAME AND TELEPHONE NUMBER:				
	FORMATION (CHECK ALL THAT APPLY): W BUSINESS NAME OR ASSUMED NAME/DBA	:			
☐ B. NE	W PHYSICAL ADDRESS:				
☐ C. OW	VNERSHIP OR MANAGEMENT CHANGE				
☐ D. CO	D. CONVERSION FROM ONE ENTITY TO ANOTHER				
E. OT	E. 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).					
YOUR N	MENT FEE IS \$25.00, PAYABLE TO TEXAS DEF IAME OR DBA ON THE CHECK /MONEY ORDEF DIT CARD. IF PAYING BY CREDIT CARD AN A	R. COMPLETE ATTAC	HED FORM IF PAYING		
8. MAIL TH	HIS FORM AND ALL ATTACHMENTS TO:				
MOTOR VE PO BOX 13	HICLE DIVISION 044	PAYING BY CREDIT C MOTOR VEHICLE DIVI PO BOX 2293 AUSTIN TX 78768-229	ISION		

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

FORM LF422(REV. 10/04) Previous versions obsolete **PAGE 2 OF 2**

REQUIRED ATTACHMENTS

APPLICANT NAME/DBA:					
BUSINESS NAME OR ASSUMED NAME/DBA CHANGE:					
 Assumed name certificate (from the Secretary individuals and general partnerships). Amended corporate papers from the Secretary 	•	•			
Amended corporate papers from the Secretary	or State if your corporate fram	e nas changeu.			
NEW PHYSICAL ADDRESS:					
List the new address including city, state and z	zip code.				
OWNERSHIP OR MANAGEMENT CHANGE: Complete the attached ownership and manage authorized to act for the licensee and notarized		The form must be signed by an individual			
CONVERSION FROM ONE ENTITY TO ANOT	HER:				
 ☐ Attach a copy of the certificate of conversion is: ☐ New certificate for the entity (corporation, LP, L ☐ Documentation issued by the appropriate Secretic Complete the attached ownership and manage authorized to act for the licensee and notarized 	.LP, or LLC). etary of State stating that the er ment information form LF603.				
The applicant or an authorized agent hereby certifies undo documents submitted herewith are true and correct, and submitted in their entirety and are accurately represented obligation to pay child support.	d that all documents attached he	reto or submitted herewith are complete and			
Date:	Signature – Applicant or Authorized Officer				
	Title				
STATE OF	Title				
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.