

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

APPLICATION TO AMEND MOTOR VEHICLE LESSOR LICENSE

LICENSE NO: _____

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. E-MAIL ADDRESS: _____

4. CONTACT NAME AND TELEPHONE NUMBER: _____

5. NEW INFORMATION (CHECK ALL THAT APPLY):

A. NEW BUSINESS NAME OR ASSUMED NAME/DBA: (If more than 1 license, complete form LF604)

B. NEW PRIMARY PHYSICAL ADDRESS (NOTE: IF NEW LOCATION IS IN A DIFFERENT CITY THAN THE CURRENT LICENSE, YOU MUST SUBMIT A NEW APPLICATION):

C. OWNERSHIP OR MANAGEMENT CHANGE (If more than 1 license, complete form LF604)

D. CONVERSION FROM ONE ENTITY TO ANOTHER (If more than 1 license, complete form LF604)

E. ADDING OR DELETING LEASE FACILITATORS

F. ADDING OR DELETING SATELLITE LOCATIONS

G. OTHER (SPECIFY ON 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

BUSINESS NAME/DBA: _____

BUSINESS NAME OR ASSUMED NAME/DBA CHANGE:

- If this change affects more than one license, you are required to complete Form LF604.
- 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 signage (permanently mounted, outdoor signs must have letters at least 6 inches high). Only if DBA changes, or business name if no DBA.

NEW PHYSICAL ADDRESS IN SAME CITY:

- 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 from across the street;
 - Office with the desk, phone, and two chairs;
 - Sign with business name (permanently mounted, outdoor signs must have letters at least 6 inches high);
 - Office hours (posted at the main entrance and must show operating days and hours).

OWNERSHIP OR MANAGEMENT CHANGE:

- If this change affects more than one license, you are required to complete Form LF604.
- Complete the attached ownership and management information form (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 (form LF602). The form must be signed by an individual authorized to act for the licensee and notarized.

ADDING OR DELETING LEASE FACILITATORS:

- A list of new lease facilitator(s), including name and address, with whom applicant conducts or intends to conduct business.
- Disclosure of fees paid by applicant to new lease facilitator(s).
- Copy of each signed agreement between applicant and new lease facilitator(s), disclosing its terms.
- Name of lease facilitator(s) with whom applicant no longer conducts business.

ADDING OR DELETING SATELLITE LOCATIONS:

- A list of new satellite locations from which applicant does business. Include the address, phone number and name of a contact person for each new location.
- A list of all satellite locations from which applicant no longer conducts business.

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 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.