



EVIDENCE OF FRANCHISE

Date: _____

To: Texas Department of Transportation
 Motor Vehicle Division
 PO Box 2293
 Austin, TX 78768-2293
 1-877-366-8887 Fax: 512-416-4893

This is to certify that:

 Dealer Legal Name and DBA

- an individual
- a partnership
- a corporation
- a(n) _____ of _____

Type of entity

 Dealership Physical Address

 City, State, Zip Code

is approved to be a party to a written Franchise Agreement with _____

Manufacturer/Distributor Name

authorizing this Dealer to (**check one**) service only or sell and service new motor vehicles designated as the following line-makes & types:

LINE-MAKE (BRAND)	TYPE CODE

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

 Typed or Printed Name of Authorized Manufacturer's or Distributor's Representative

 Authorized Signature and Title

 Office Address

 City, State, Zip Code

Note: This form allows application processing to begin or continue. Copies of the appropriate pages of a fully-executed sales and service agreement showing all parties to the agreement, their signatures, and line-makes of motor vehicles to be sold/serviced must be sent to our offices as soon as they are received.

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 552.021 and 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.