

TEXAS DEPARTMENT OF TRANSPORTATION

AFFIDAVIT AND APPLICATION FOR Duplicate License

MVD USE ONLY	
DATE	
INIT	

		DATE:		
Business Name/DBA		License Number		
Physical Address	City	County	State	ZIP
Mailing Address (if different)	City	County	State	ZIP
Phone Number (include area code)				
Name of contact person		Position/Title		
Check type of licensee: Franchi	se 🗌 GDN 🗌 Manufacturer	☐ Converter	Lessor	
Lease Facilitat	or			
☐ Duplicate License		@ \$50.00 =		DL
		TOTAL ENCLOSED:	\$	
Describe reason(s) for request of	of duplicate license: (required)			
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true and correct, and that all documents submit agrees to allow the Department to examine du	under penalty of perjury that statements made above ted with this application are complete, submitted in the ring working hours the ownership papers for each rere not at this time delinquent in any court-ordered obl	eir entirety, and accura egistered or unregistere igation to pay child supp	tely represented. d vehicle in the a	Applicant
	Sig	nature		
	Titl	е		
Subscribed and sworn before me this	day of, 20			
County State	Sign	gnature of Notary		
METHOD OF PAYMENT	INSTRUCTIONS	FOR	WARD TO:	
CREDIT CARD	Complete the "Payment By Credit Card" form	Texas Departm	ent of Transports	ation

METHOD OF PAYMENT	INSTRUCTIONS	FORWARD TO:
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 included in the packet. 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)	Pay to: Texas Department of Transportation Mail check/money order and documents	Texas Department of Transportation Motor Vehicle Division P. O. Box 13044 Austin, TX 78711-3044