

New Online Licensing System (eLICENSING) Coming Soon



Texas Department of Motor Vehicles
HELPING TEXANS GO. HELPING TEXAS GROW.



This message contains information applicable to all motor vehicle licensees and salvage dealers regulated by Texas Department of Motor Vehicles (TxDMV). Please review and distribute as appropriate.

Coming soon, you will be able to apply for, renew, or amend licenses online. The Texas Department of Motor Vehicles (TxDMV) is replacing its current paper-based licensing system with eLICENSING, an online self-service hub for all motor vehicle and salvage licensees operating in Texas.

eLICENSING will provide many user benefits, including 24-hour access to licensing information, the elimination of paper processing, the ability to submit license applications and payments online, a guided application process facilitating faster approvals, and the ability to track the progress of submitted applications.

TxDMV will provide instructions and other support resources to help you access and use the system as the release date approaches. **Licensees must have an email address on file with TxDMV to receive important updates and use the new system.** Licensees can receive more information by emailing TxDMV at MVDLicensing@TxDMV.gov, calling 1-888-DMV-GOTX (368-4689), or visiting our website at www.TxDMV.gov/dealers.

Sincerely,

Daniel Avitia

Daniel Avitia, Director
Texas Department of Motor Vehicles
Motor Vehicle Division



Texas Department of Motor Vehicles

Application for New Motor Vehicle Manufacturer/Distributor License

Under Texas Occupations Code §2301.002(19), "Manufacturer" means a person who manufactures or assembles new motor vehicles.

Under Texas Occupations Code §2301.002(11), "Distributor" means a person, other than a manufacturer, who distributes or sells new motor vehicles to a franchised dealer.

Detailed instructions are available on our website at: <http://www.TxDMV.gov>

1. Type of Application: Manufacturer Distributor

2. Business Name: _____

3. DBA/Assumed Name (as registered with the SOS or County): _____

4. EIN: _____

5. Physical Address: _____

City: _____ State: _____ Zip: _____

6. Mailing Address: _____

Same as physical

City: _____ State: _____ Zip: _____

- | | | |
|----|---|---|
| 7. | Is the applicant a Military Service member, Military Veteran, or Military Spouse? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 8. | If you answered Yes to Question 7, does the applicant currently hold this type of license in another jurisdiction (state or country)? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 9. | If you answered Yes to Question 7, did the applicant at some time in the last five years hold this type of license in Texas? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |

If you answered YES to Question 7, and also *either* Question 8 or 9, by Texas law you are eligible for expedited processing of this application. Please provide:

- documentation such as you or your spouse's active duty orders or DD-214 to confirm your status, and
- either:
 - your Texas License Number _____, or
 - a copy of your current license from another jurisdiction.

If you answered YES to Questions 7 and 8, by Texas law your license fee is waived. *Please note that license plate fees are not waived.* Please provide:

- documentation such as you or your spouse's active duty orders or DD-214 to confirm your status, and
- a copy of your current license from another jurisdiction.

10. Fees:

Manufacturer/Distributor License Fee: \$1,800: _____ **MD**

Franchised Dealer Fee: one for each dealer authorized to sell and/or service your products

Franchise Dealer(s): _____ @ \$40 each: _____ **FF**

Representative's License(s): _____ @ \$200 each: _____ **RP**

Manufacturer License Plates* (optional): _____ @ \$80 each: _____ **MP**

GRAND TOTAL: _____

Please list the number of each plate type you are requesting:

Motor Vehicle	Motorcycle

*These plates may only be used to test vehicles or loaned to consumers during warranty repair.

See page 8 for payment & mailing instructions

BUSINESS NAME: _____

11. Business Phone Number: _____ Business Fax Number: _____

12. Business Email: _____ Business Website: (optional) _____

13. Contact Name: _____ Phone: _____ Email: _____
 Same as business name Same as business phone Same as business email

14.	<p>Has TxDMV ever licensed the applicant to act in any capacity in Texas? "TxDMV" includes but is not limited to the TxDMV Board, the department, a division of the department, or a predecessor of any of these entities. "Applicant" includes the applicant's partner(s); any LLC member or manager; or any director, officer, or owner (except for stockholders of publicly-traded companies). If you answered "yes," then provide the licensed business name(s), license type(s), license number(s) issued, and the last effective date(s) for each license. <u>If you require extra space, please attach an additional page.</u></p> <p>Name(s): _____ License #: _____ Type(s): _____ Date(s): _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	<p>Has the applicant previously applied for or received any license or other authorization that was denied, suspended, or revoked by a regulatory authority? "Applicant" includes the applicant's partner(s); any LLC member or manager; or any director, officer, or owner (except for stockholders of publicly-traded companies). "Authorization" includes, but is not limited to, any license, permit, registration, certification, credential, etc. issued by a regulatory authority. <u>If you answered "yes," then on a separate sheet, please provide the applicant or licensed business name(s), license number(s), and the last effective date(s) of the license(s), along with the reason the license(s) was/were denied, suspended, or revoked.</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	<p>Has the applicant or any partner, any LLC member or manager, or any director, officer, owner (except for stockholders of publicly-traded companies) or any relative of the applicant ever applied for a license at the same proposed location that is the subject of this application?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	<p>Does the applicant or any person or entity controlled by the applicant own an interest in a Texas motor vehicle dealer or dealership, control a Texas dealer or dealership, or act in the capacity of a Texas dealer? <u>If so, explain fully on a separate sheet and reference any applicable exception found in the Texas Occupations Code Chapter 2301.</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	<p>Does the applicant have financial resources, business integrity and experience, and facilities and personnel for serving franchised dealers, if applicable?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	<p>Does the applicant have a franchise agreement (dealer sales and service agreement) for each line-make being applied for, stating the obligations of Texas franchised dealers to you (the applicant) and the obligations of the applicant to its Texas franchised dealers?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

20. Motor vehicle line-make(s) manufactured or distributed in Texas:

For details on WMI, see the instructions LP201. Submission of warranty information for each line/make is no longer required. However, it must be provided if requested by TxDMV. (Attach additional sheets if necessary.)

MANUFACTURER'S WMI <small>First 3 digits of the VIN</small>	LINE-MAKE	TYPE CODE

Type Codes:	AA – Passenger Auto LT – Light Truck MT – Medium Truck HT – Heavy Truck MH – Motor Home TR – Towable RV	AT – ATV MC – Motorcycle MS – Motor Scooter/Moped NV – Neighborhood Vehicle ROV – Recreational Off-Highway Vehicle	AB – Ambulance BS – Bus FT – Fire Truck	AX – Axle EN – Engine TM – Transmission OT – Other
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BUSINESS NAME: _____

21. CERTIFICATION OF RESPONSIBILITY

- The applicant or an authorized agent hereby certifies 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 acknowledges that the department may deny an application for a license or revoke or cancel a license if the applicant submits false or misleading information, makes a false statement, or refuses or fails to provide information requested by the department.
- Applicant further acknowledges that making a false statement in an application for a license may subject applicant to criminal prosecution. See Texas Occupations Code §2301.651, Texas Transportation Code §503.034 and §503.038, Texas Government Code §2005.052 and §2005.053, Texas Penal Code §37.10, and department rules.
- 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 agrees to notify the TxDMV of a material change (including but not limited to a change in criminal history) within a reasonable time.
- 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) or §2301.260(b), applicant certifies it will comply with Texas Occupations Code §§2301.401-2301.406 and 2301.451 – 2301.476.

Date: _____

Printed Name

Authorized Signature

Title

Privacy Statement

The Texas Department of Motor Vehicles maintains information collected through this form. With few exceptions, Texas Government Code Chapter 559 entitles you to: (a) request to be informed about this information, and (b) have TxDMV correct information about you that is incorrect. Chapter 552 of the Government Code entitles you to receive and review this information. You must submit requests for information in writing. Requests may be submitted via email to OGCOpenRecords@TxDMV.gov; by fax to (512) 465-4112; or by mail or in person to: TxDMV, OGC Open Records, 4000 Jackson Ave., Austin, TX 78731. For more information, please call TxDMV at (888) 368-4689.

22. ATTACHMENTS TO THE APPLICATION:

Please label each attachment with the corresponding letter. Detailed instructions for the attachments can be found in the Instruction Packet, LP201. Missing or incomplete attachments will delay application processing.

- A. OWNERSHIP INFORMATION – Use pages 6-7 of this application or a separate copy of Form LF601. You may duplicate page 7, as needed.
- B. ASSUMED NAME CERTIFICATES – All applicants intending to operate under an assumed name must attach a copy of the assumed name certificate. If the physical address you are applying for is in Texas: **Corporations, LLCs, LPs, and LLPs** must obtain these certificates from the Texas Secretary of State (SOS) and **Sole Proprietors & General Partnerships** may provide a certificate or file-stamped copy showing you are registered with the county in which the business will be located.
If the physical address you are applying for is not in Texas, submit the certificate from the appropriate authorities for your state.
- C. CERTIFICATE OF INCORPORATION, ORGANIZATION, OR PARTNERSHIP:
If the physical address you are applying for is in Texas, attach Certificate of Filing (for the formation of your business) or Certificate of Authority (showing the entity has the right to conduct business in Texas) issued by the Texas SOS.
Or
If the physical address you are applying for is outside Texas, submit formation documentation from the appropriate authority for your state.
- D. DEALER LIST - A list of all dealers authorized to sell the line-makes listed in item 20. 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. (If none, state so.)

NOTE TO ENGINE/TRANSMISSION/REAR AXLE MANUFACTURERS: LIST ONLY THOSE DEALERS SELLING NEW (NOT RECONDITIONED) PRODUCTS MANUFACTURED FOR OR INSTALLED IN VEHICLES WITH A GVWR OF MORE THAN 16,000 POUNDS.

- E. SERVICE-ONLY DEALER LIST - A list of all service-only facilities where a franchised dealer performs warranty service, but does not sell, vehicles the dealer is franchised and licensed to sell at another location. 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 service. (If none, state so.)
- F. DISTRIBUTOR(S) - Names and addresses of all distributors involved in the distribution of motor vehicles manufactured by applicant. (If none, state so.)
- G. PREPARATION AND DELIVERY OBLIGATIONS - Documentation setting out the preparation and delivery obligations of applicant's franchised dealers in Texas before delivery of a new motor vehicle to a retail purchaser. (If none, state so.)
- H. PREPARATION AND DELIVERY COMPENSATION - Documentation setting out the 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. (If none, state so.)
- I. BROCHURES AND PRODUCT SPECIFICATIONS - Brochures or photographs depicting your product(s), with a description of the product specifications for each line-make and vehicle type code sold. Website addresses or URLs will only be accepted if they link directly to the product.
- J. REPRESENTATIVE APPLICATION - One *Application for New Motor Vehicle Representative License* for each person who qualifies as a representative of the applicant. (See pages 10-14 or Form LF401.)
"Representative means a person who: (A) is or acts as an agent or employee for a manufacturer, distributor, or converter; and (B) performs any duty in this state relating to promoting the distribution or sale of new motor vehicles or contacts dealers in this state on behalf of a manufacturer, distributor, or converter." A separate license is required for each representative.
- K. FEES:
 - 1) Mail or fax this form, with all fees and attachments, to the appropriate address listed on page 8.
 - 2) A credit card payment form is included on page 9.
 - 3) If paying by credit card, you may fax the entire package (including the credit card form) to (512) 465-4190. If you choose to fax the package, do NOT also mail the package.

APPLICANTS FOR A DISTRIBUTOR'S LICENSE MUST ALSO ATTACH THE FOLLOWING:

- L. MANUFACTURER(S) - Names and addresses of all manufacturers for whom applicant will act in Texas. If manufacturer is licensed in Texas, include Texas motor vehicle manufacturer's license number and expiration date.
- M. DISTRIBUTION AUTHORIZATION - A letter or copy of each contract under which applicant will act for a manufacturer.



Texas Department of Motor Vehicles

Ownership Information, Form LF601

This is important:

- Submitting an application containing false, misleading, or incomplete information may be grounds for denial or license cancelation, revocation, or suspension.
- A person who knowingly makes a false statement in connection with applying for or renewing a license may be subject to criminal prosecution.

If you are in doubt as to how to respond to these questions, full and honest disclosure is highly recommended.

1.	Has any person listed on this form, or any officer, director, partner, trustee, or other person acting in a representative capacity for the applicant or license holder, ever been arrested for an offense that is currently pending? (If yes, submit <i>Criminal History</i> , Form LF606.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any person listed on this form, or any officer, director, partner, trustee, or other person acting in a representative capacity for the applicant or license holder, ever: <ul style="list-style-type: none"> • been convicted of a felony or misdemeanor offense (other than minor traffic violations), or • received a deferred adjudication for a felony or misdemeanor offense, in any in-state, out of state, or federal jurisdiction? (If yes, submit <i>Criminal History</i>, Form LF606.) 	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any person listed on this form, or any officer, director, partner, trustee, or other person acting in a representative capacity for the applicant or license holder, ever been convicted by a court martial or is currently the subject of a pending court martial under the Uniform Code of Military Justice? (If yes, submit <i>Criminal History</i> , Form LF606.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

TYPE OF BUSINESS (check only one box):

- Sole Proprietorship
 General Partnership
 Limited Partnership/LTD
 Other (Specify below)
- Limited Liability Company
 Corporation
 Limited Liability Partnership

Ownership Percentage Instructions

- List all individuals and business entities with any ownership interest in the business (this includes sole proprietors) until total ownership indicated equals 100%.
- Only direct ownership of the business entity (applicant) applying for the license should be provided. If direct ownership is held by another business entity, do not list that business entity's ownership.

Information Fields:

- **Name of Owner:**
 - **SOLE PROPRIETOR:** list the legal name and SSN of the owner (for example, John Doe, Jr.)
 - **GENERAL PARTNERSHIP:** list the legal name and SSN of each owner (for example, John Doe Jr., Jane Doe)
 - **ALL OTHERS:** list the full legal name of each person (and his/her SSN) or business entity that has ownership.
 - If the applicant is a publicly traded or nonprofit corporation, please mark the appropriate box and complete that section by providing one officer/director in lieu of ownership information.
- **Title:** Examples -- Owner, President, CEO, Partner, General Partner, Member, etc.
- **Driver License:**
 - Applies to individuals.
 - Attach a copy of the driver license for each individual listed.
 - If the driver license was issued in a foreign country, provide that information.

BUSINESS NAME: _____

Ownership Percentage

1.	Name of Owner (Person or Business) _____	Title _____	% of Ownership _____
	Date of Birth _____	Driver's License # and State _____	Expiration Date _____
	If this is a business, is it nonprofit? <input type="checkbox"/> YES <input type="checkbox"/> NO		SSN (if person) _____ OR EIN (if business) _____
	If this is a business, is it PUBLICLY TRADED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2.	Name of Owner (Person or Business) _____	Title _____	% of Ownership _____
	Date of Birth _____	Driver's License # and State _____	Expiration Date _____
	If this is a business, is it nonprofit? <input type="checkbox"/> YES <input type="checkbox"/> NO		SSN (if person) _____ OR EIN (if business) _____
	If this is a business, is it PUBLICLY TRADED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
3.	Name of Owner (Person or Business) _____	Title _____	% of Ownership _____
	Date of Birth _____	Driver's License # and State _____	Expiration Date _____
	If this is a business, is it nonprofit? <input type="checkbox"/> YES <input type="checkbox"/> NO		SSN (if person) _____ OR EIN (if business) _____
	If this is a business, is it PUBLICLY TRADED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4.	Name of Owner (Person or Business) _____	Title _____	% of Ownership _____
	Date of Birth _____	Driver's License # and State _____	Expiration Date _____
	If this is a business, is it nonprofit? <input type="checkbox"/> YES <input type="checkbox"/> NO		SSN (if person) _____ OR EIN (if business) _____
	If this is a business, is it PUBLICLY TRADED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
5.	Name of Owner (Person or Business) _____	Title _____	% of Ownership _____
	Date of Birth _____	Driver's License # and State _____	Expiration Date _____
	If this is a business, is it nonprofit? <input type="checkbox"/> YES <input type="checkbox"/> NO		SSN (if person) _____ OR EIN (if business) _____
	If this is a business, is it PUBLICLY TRADED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
6.	Name of Owner (Person or Business) _____	Title _____	% of Ownership _____
	Date of Birth _____	Driver's License # and State _____	Expiration Date _____
	If this is a business, is it nonprofit? <input type="checkbox"/> YES <input type="checkbox"/> NO		SSN (if person) _____ OR EIN (if business) _____
	If this is a business, is it PUBLICLY TRADED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

OWNERSHIP PERCENTAGE TOTALING 100% IS REQUIRED

All persons listed must provide SSN.

Privacy Statement

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BUSINESS NAME: _____

Payment and Mailing Instructions

Payment can be made by Credit Card, Personal Check, Money Order, Cashier Check, or Wire Transfer.

Payment and Mailing Information:														
Method of Payment	Instructions	Forward To:												
Credit Card Amount must be between \$5 and \$2000 <small>(A fee of \$1.00 will be added to each Credit Card Transaction)</small>	Complete the "Payment By Credit Card" form included on the next page. Mail form and documents <u>or</u> fax form and documents	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 26487 Austin, TX 78755												
		Fax: (512) 465-4190												
Check or Money Order <small>(A fee of \$30 will be charged for returned checks)</small>	Pay to: Texas Department of Motor Vehicles Mail check/money order and documents	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 13044 Austin, TX 78711-3044												
Wire Transfer	Call or email to let us know to expect the wire. Fax or email your documents the same day you send the transfer. Call: (512) 465-4029 Fax: (512) 465-4190 Email: MVD_Licensing_Inquiries@TxDMV.gov	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Financial Institution:</td> <td><u>Comptroller, Austin, TX</u></td> </tr> <tr> <td>Routing Number:</td> <td><u>114900164</u></td> </tr> <tr> <td>Account Name:</td> <td><u>Comptroller of Public Accounts, Treasury Operations</u></td> </tr> <tr> <td>Account No. to Credit:</td> <td><u>463600001</u></td> </tr> <tr> <td>Reference:</td> <td><u>(i.e. - Remitter's name)</u></td> </tr> <tr> <td>Attention:</td> <td><u>608-Texas Department of Motor Vehicles, Motor Vehicle Division</u> <u>Keith Parker or Sergio Rey</u></td> </tr> </table>	Financial Institution:	<u>Comptroller, Austin, TX</u>	Routing Number:	<u>114900164</u>	Account Name:	<u>Comptroller of Public Accounts, Treasury Operations</u>	Account No. to Credit:	<u>463600001</u>	Reference:	<u>(i.e. - Remitter's name)</u>	Attention:	<u>608-Texas Department of Motor Vehicles, Motor Vehicle Division</u> <u>Keith Parker or Sergio Rey</u>
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Routing Number:	<u>114900164</u>													
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Account No. to Credit:	<u>463600001</u>													
Reference:	<u>(i.e. - Remitter's name)</u>													
Attention:	<u>608-Texas Department of Motor Vehicles, Motor Vehicle Division</u> <u>Keith Parker or Sergio Rey</u>													

Documents Only - No Payment Being Forwarded

Item being submitted	Instructions	Forward To:				
Documents for the Motor Vehicle Division	Mail or fax documents	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 26487 Austin, TX 78755				
		Fax: (512) 465-4190				
Request for an Open Record or Subpoena	Fax signed request	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Administration</td> <td>(512) 465-4135</td> </tr> <tr> <td>Lemon Law</td> <td>(512) 465-5653</td> </tr> </table>	Administration	(512) 465-4135	Lemon Law	(512) 465-5653
Administration	(512) 465-4135					
Lemon Law	(512) 465-5653					

Overnight mail to a post office box can only be delivered by the United States Postal Service.

BUSINESS NAME: _____

Payment by Credit Card, Form 2293

This form is for credit card payment information only.

This form does not constitute a request for services.

TO: MOTOR VEHICLE DIVISION	<u>Check appropriate box:</u>
ATTENTION: _____	<input type="checkbox"/> Civil Penalty <input type="checkbox"/> Open Records
DATE: _____	<input type="checkbox"/> Lemon Law Fee <input type="checkbox"/> Protest fee
MVD FAX #: (512) 465-4190	<input type="checkbox"/> Licensing Fee <input type="checkbox"/> Subpoena
	<input type="checkbox"/> Insufficient Funds Fee

Comment: _____

Applicant Name: _____
Assumed Name: _____
Name on Credit Card: _____
Billing Street, _____
City, State, Zip: _____
Phone: _____
Fax: _____
Docket No. (if applicable) _____
License No. (if applicable) _____
Invoice Number: _____

MVD USE ONLY ENTRY RECORD
Date _____
AC# _____
Amount _____
Agent _____

Credit Card Information:	
Credit Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Credit Card Number	_____
Expiration Date (month/year)	_____ / _____
\$ _____	_____
Amount Approved (Add \$1 Fee)	Signature
AMOUNT MUST BE BETWEEN \$5 and \$2000	



Texas Department of Motor Vehicles

Application for New Motor Vehicle Representative License

Under Texas Occupations Code §2301.002(29), "Representative means a person who: (A) is or acts as an agent or employee for a manufacturer, distributor, or converter; and (B) performs any duty in this state relating to promoting the distribution or sale of new motor vehicles or contacts dealers in this state on behalf of a manufacturer, distributor, or converter."

Business to be represented: (check one) Manufacturer Distributor Converter

- 1. Name of Business to be represented: _____
License Number (if applicable): _____
- 2. Applicant's Name: _____
- 3. DBA/Assumed Name (if applicable): _____
- 4. Job Title (if applicant is an individual): _____
- 5. Physical Address: _____
City: _____ State: _____ Zip: _____

Items 6 - 9 must reflect the manufacturer's, distributor's, or converter's contact information

- 6. Mailing Address: _____
City: _____ State: _____ Zip: _____
- 7. Business Phone Number: _____ Business Fax Number: _____
- 8. Business Email: _____ Business Website: (optional) _____
- 9. Contact Name: _____ Phone: _____ Email: _____

- 10. Is the applicant a Military Service member, Military Veteran, or Military Spouse? Yes No
- 11. If you answered Yes to Question 10, does the applicant currently hold this type of license in another jurisdiction (state or country)? Yes No
- 12. If you answered Yes to Question 10, did the applicant at some time in the last five years hold this type of license in Texas? Yes No

If you answered YES to Question 10, and also *either* Question 11 or 12, by Texas law you are eligible for expedited processing of this application. Please provide:

- documentation such as you or your spouse's active duty orders or DD-214 to confirm your status, and
- either:
 - your Texas License Number _____, or
 - a copy of your current license from another jurisdiction.

If you answered YES to Questions 10 and 11, by Texas law your license fee is waived. Please provide:

- documentation such as you or your spouse's active duty orders or DD-214 to confirm your status, and
- a copy of your current license from another jurisdiction.

13. Fees:
If submitting with a MFR/DIST/CONV application, the Rep fee may be paid together with the other fees.
See pages 8-9 for payment & mailing instructions

Representative \$ 200 RP

14.	<p>Has TxDMV ever licensed the applicant to act in any capacity in Texas? "TxDMV" includes but is not limited to the TxDMV Board, the department, a division of the department, or a predecessor of any of these entities. "Applicant" includes the applicant's partner(s); any LLC member or manager; or any director, officer, or owner (except for stockholders of publicly-traded companies). If you answered "yes," then provide the licensed business name(s), license type(s), license number(s) issued, and the last effective date(s) for each license. <u>If you require extra space, please attach an additional page.</u></p> <p>Name(s): _____ License #: _____ Type(s): _____ Date(s): _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	<p>Has the applicant previously applied for or received any license or other authorization that was denied, suspended, or revoked by a regulatory authority? "Applicant" includes the applicant's partner(s); any LLC member or manager; or any director, officer, or owner (except for stockholders of publicly-traded companies). "Authorization" includes, but is not limited to, any license, permit, registration, certification, credential, etc. issued by a regulatory authority. <u>If you answered "yes," then on a separate sheet, please provide the applicant or licensed business name(s), license number(s), and the last effective date(s) of the license(s), along with the reason the license(s) was/were denied, suspended, or revoked.</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	<p>Has the applicant or any partner, any LLC member or manager, or any director, officer, owner (except for stockholders of publicly-traded companies) or any relative of the applicant ever applied for a license at the same proposed location that is the subject of this application?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	<p>Does the applicant or any person or entity controlled by the applicant own an interest in a Texas motor vehicle dealer or dealership, control a Texas dealer or dealership, or act in the capacity of a Texas dealer? <u>If so, explain fully on a separate sheet and reference any applicable exception found in the Texas Occupations Code Chapter 2301.</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	<p>Are you currently or have you been licensed as a representative in this or any other state? If so, list the states and dates of licensure below. If you need more space, attach a separate sheet.</p> <p>State(s): _____ Date(s): _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

19. AUTHORIZED APPOINTMENT

The undersigned verifies that the applicant is an authorized representative.

_____ Date _____ Printed Name and Title _____ Authorized Signature of Manufacturer, Distributor, or Converter _____

20. CERTIFICATION OF RESPONSIBILITY

- The applicant or an authorized agent hereby certifies 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 acknowledges that the department may deny an application for a license or revoke or cancel a license if the applicant submits false or misleading information, makes a false statement, or refuses or fails to provide information requested by the department.
- Applicant further acknowledges that making a false statement in an application for a license may subject applicant to criminal prosecution. See Texas Occupations Code §2301.651, Texas Transportation Code §503.034 and §503.038, Texas Government Code §2005.052 and §2005.053, Texas Penal Code §37.10, and department rules.
- Applicant agrees to notify the TxDMV of a material change (including but not limited to a change in criminal history) within a reasonable time.
- Applicant swears they are not at this time delinquent in any court-ordered obligation to pay child support.

Date: _____ Printed Name _____
 _____ Authorized Signature _____
 _____ Title _____

Privacy Statement

The Texas Department of Motor Vehicles maintains information collected through this form. With few exceptions, Texas Government Code Chapter 559 entitles you to: (a) request to be informed about this information, and (b) have TxDMV correct information about you that is incorrect. Chapter 552 of the Government Code entitles you to receive and review this information. You must submit requests for information in writing. Requests may be submitted via email to OGCOpenRecords@TxDMV.gov; by fax to (512) 465-4112; or by mail or in person to: TxDMV, OGC Open Records, 4000 Jackson Ave., Austin, TX 78731. For more information, please call TxDMV at (888) 368-4689.

21. ATTACHMENTS TO THE APPLICATION:

Please label each attachment with the corresponding letter. Detailed instructions for the attachments can be found in the Instruction Packet, LP023. Missing or incomplete attachments will delay application processing.

- A. REPRESENTATIVE INFORMATION – Use pages 13-14 of this application or a separate copy of Form LF603. You may duplicate page 14, as needed.
- B. ASSUMED NAME CERTIFICATES – All applicants intending to operate under an assumed name must attach a copy of the assumed name certificate. If the physical address you are applying for is in Texas: **Corporations, LLCs, LPs, and LLPs** must obtain these certificates from the Texas Secretary of State (SOS) and **Sole Proprietors & General Partnerships** may provide a certificate or file-stamped copy showing you are registered with the county in which the business will be located. If the physical address you are applying for is not in Texas, submit the certificate from the appropriate authorities for your state.
- C. CERTIFICATE OF INCORPORATION, ORGANIZATION, OR PARTNERSHIP:
If the physical address you are applying for is in Texas, attach Certificate of Filing (for the formation of your business) or Certificate of Authority (showing the entity has the right to conduct business in Texas) issued by the Texas SOS.
Or, if the physical address you are applying for is outside Texas, submit formation documentation from the appropriate authority for your state.
- D. FEES:
- 1) Mail or fax this form, with all fees and attachments, to the appropriate address listed on page 8.
 - 2) A credit card payment form is included on page 9.
 - 3) If paying by credit card, you may fax the entire package (including the credit card form) to (512) 465-4190. If you choose to fax the package, do NOT also mail the package.



Texas Department of Motor Vehicles

Representative Information, Form LF603

Section One:

This is important:

- Submitting an application containing false, misleading, or incomplete information may be grounds for denial or license cancelation, revocation, or suspension.
- A person who knowingly makes a false statement in connection with applying for or renewing a license may be subject to criminal prosecution.

If you are in doubt as to how to respond to these questions, full and honest disclosure is highly recommended.

1.	Has any person listed on this form, or any officer, director, partner, trustee, or other person acting in a representative capacity for the applicant or license holder, ever been arrested for an offense that is currently pending? (If yes, submit <i>Criminal History</i> , Form LF606.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any person listed on this form, or any officer, director, partner, trustee, or other person acting in a representative capacity for the applicant or license holder, ever: <ul style="list-style-type: none"> • been convicted of a felony or misdemeanor offense (other than minor traffic violations), or • received a deferred adjudication for a felony or misdemeanor offense, in any in-state, out of state, or federal jurisdiction? (If yes, submit <i>Criminal History</i>, Form LF606.) 	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any person listed on this form, or any officer, director, partner, trustee, or other person acting in a representative capacity for the applicant or license holder, ever been convicted by a court martial or is currently the subject of a pending court martial under the Uniform Code of Military Justice? (If yes, submit <i>Criminal History</i> , Form LF606.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Instructions for Section Two & Three

If the representative is an individual or employee of a manufacturer, distributor, or converter, complete **section two**:

- Check the box for the correct type of entity.
- Information Fields:
 - Name of Owner: Enter the legal first and last name.
 - Title: Examples: Owner, President, CEO, Partner, General Partner, Member, etc.
 - Driver License: Applies to individuals. Attach a copy of the driver license for each individual listed. If the driver license was issued in a foreign country, provide that information.

If the representative is a company, complete **section three**:

- Check the box for the correct type of business.
- If the business is nonprofit or publicly traded, mark the appropriate box. Owners of publicly held businesses (shareholders) or nonprofit corporations do not need to be listed, but an officer or a director must be listed instead.
- Complete as many sections necessary for all individuals and business entities that own the company, until total ownership indicated equals 100%. If you need more sections, please reprint the page.
- Information Fields:
 - Name of Owner: Enter the legal first and last name for individuals; list the complete business name of business entities.
 - Title: Examples: Owner, President, CEO, Partner, General Partner, Member, etc.
 - Driver License: Applies to individuals. Attach a copy of the driver license for each individual listed. If the driver license was issued in a foreign country, provide that information.

Section Two:**If Representative is an Individual or Employee of a Manufacturer, Distributor, or Converter**

- If the applicant is an individual or an employee of a company, check the appropriate box and complete all of the fields below.
- All persons listed must provide SSN.

Type of Entity (check only one box): Individual Employee of Manufacturer, Distributor, or Converter

Name of Person _____

Title _____

Date of Birth _____

Driver's License # and State _____

Expiration Date _____

SSN _____

Section Three:**If Representative is a Company**

- Only if the representative applicant is a business, complete enough blocks to total 100% ownership of that business.
- If direct ownership of that business is held by another business entity, do not further list that business entity's ownership.
- If the applicant is a publicly traded or nonprofit corporation, provide officer/director information for one person, in lieu of ownership information.

TYPE OF BUSINESS (check only one box): Limited Partnership/LTD Limited Liability Company Corporation Limited Liability PartnershipIf this is a corporation, is it nonprofit? YES NOIf this is a corporation, is it publicly traded? YES NO

1.

Name of Owner (Person or Business) _____

Title _____

% of Ownership _____

Date of Birth _____

Driver's License # and State _____

Expiration Date _____

SSN _____

2.

Name of Owner (Person or Business) _____

Title _____

% of Ownership _____

Date of Birth _____

Driver's License # and State _____

Expiration Date _____

SSN _____

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