

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 Converter License

Use this form to apply for a Texas Converter License. Under Texas Occupations Code §2301.002(6), "Converter means a person who before the retail sale of a motor vehicle: (A) assembles, installs, or affixes a body, cab, or special equipment to a chassis; or (B) substantially adds, subtracts from, or modifies a previously assembled or manufactured motor vehicle other than a motor home, ambulance, or fire-fighting vehicle." For assistance with this form, please see the Instruction Packet LP301 or call us at the number provided on the bottom of this page.

1. Business Name: _____

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

3. Physical Address: _____

City: _____ State: _____ Zip: _____ County: _____

4. Mailing Address: _____

Same as physical

City: _____ State: _____ Zip: _____ County: _____

5. Phone Number: _____ Fax Number: _____

6. Email: _____ Website: (optional) _____

7. Tax ID # / EIN: _____

8. Contact Name: _____ Phone: _____ Email: _____

Same as business name

Same as business phone

Same as business email

9. Is the applicant a Military Service member, Military Veteran, or Military Spouse? Yes No

10. If you answered Yes to Question 9, does the applicant currently hold this type of license in another jurisdiction (state or country)? Yes No

11. If you answered Yes to Question 9, 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 9, and also *either* Question 10 or 11, 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 9 and 10, 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.

12. Fees:	Converter Fee: \$750:	_____	CV
	Converter's Metal License Plates: _____ @ \$40 each:	_____	CP
	Representative's License(s): _____ @ \$200 each:	_____	RP
	GRAND TOTAL:	_____	

Business Name: _____

13.	<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 #: _____</p> <p>Type(s): _____ Date(s): _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	<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
15.	<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
16.	<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
17.	<p>Does the applicant agree to provide brochures and/or photographs depicting the product(s), with a description of the product specifications, if requested by the TxDMV?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

18. 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.
- Applicant has complied with all applicable state laws and municipal ordinances.

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.

Business Name: _____

19. ATTACHMENTS TO THE APPLICATION:

Please label each attachment with the corresponding letter. Detailed instructions for the attachments can be found in the Instruction Packet, LP301. Missing or incomplete attachments will delay application processing.

- A. OWNERSHIP INFORMATION – Use pages 5-6 of the application or a separate copy of Form LF601. You may duplicate page 6, as needed.
- B. ASSUMED NAME CERTIFICATES – All applicants intending to operate under an assumed name must attach a copy of the assumed name certificate. **Corporations, LLCs, LPs, and LLPs** must obtain these certificates from the Texas Secretary of State (SOS).
Only **Sole Proprietors & General Partnerships** may provide a certificate or file-stamped copy showing you are registered with your county in which the dealership will be located.
- C. CERTIFICATE OF INCORPORATION, ORGANIZATION, OR PARTNERSHIP:
Attach the Certificate of Filing issued by the Texas Secretary of State (SOS), showing that the entity has been formed and approved. Please do not submit your filing documents.
Or
If your business was formed in another state, attach the Certificate of Authority issued by the Texas SOS showing that the entity has the right to conduct business in Texas.
- D. CONVERSION PACKAGES - Attach a list of the names by which applicant identifies the conversion package(s) installed on new motor vehicles.
- E. CONVERSION DESCRIPTION - For each conversion package, provide a detailed description of the modifications performed by applicant on new motor vehicles.
- F. VEHICLES TO BE CONVERTED - Attach a list of each new motor vehicle line-make applicant will be converting.
- G. DEALER LIST - For each line-make identified in the "Vehicles to be converted" list, attach a list of all franchised dealers in Texas to whom applicant sells or otherwise markets its converted new motor vehicles. Include the name, business address, general distinguishing number (p-number), and franchise license number of each dealer.
Note: Only licensed dealers may sell motor vehicles. New motor vehicles (those that have not been the subject of a prior retail sale) may be sold only by dealers franchised and licensed for the underlying chassis line-make. **Converters cannot sell new or used motor vehicles to retail purchasers, including municipalities.**
- H. APPLICATION FOR eTAG – Complete and attach page 7 of this packet.
- I. REPRESENTATIVE APPLICATION - One *Application for New Motor Vehicle Representative License* for each person who qualifies as a representative of the applicant (see attached application). "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.
- J. 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

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.

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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Application for New eTAG Account

Who Should Submit This Form

 Include this form with your new license application.

OR

 If you have an application in process, complete this form to sign up for a *new* eTAG account and provide your work item number.

 Work Item or License Number

The eTAG system is designed to make it easy for you to process dealer tags and provide retail purchasers with temporary registration tags throughout the state. **Texas law requires dealers to issue one temporary buyer's tag to a person who buys a vehicle.** The temporary tag is issued by the state, through a web-based program called eTAG. In order to access and use the eTAG system, you must have internet access.

To establish an eTAG account, you must designate a system administrator who will be the contact between TxDMV and your dealership. The administrator will also be responsible for providing other employees with the rights and privileges to use the eTAG functions. You may limit this authority to the system administrator or expand it to additional employees. You may also assign one person to be the system administrator for multiple dealer licenses.

Using the table below, identify the designated system administrator for your dealership and return this form to TxDMV. Upon approval of your license, your designated system administrator will receive an email with a User ID and a separate email with a password, both of which will be necessary to access the eTAG database.

Business Name: _____

Contact First Name: _____

Contact Middle Initial: _____

Contact Last Name: _____

Contact Phone Number: _____

Email Address: _____

FORM SUBMISSION	THIS FORM MUST ACCOMPANY AN APPLICATION OR CONTAIN A WORK ITEM NUMBER
	Texas Department of Motor Vehicles Motor Vehicle Division By Mail: P. O. Box 26487 Austin, TX 78755
	Via Fax: (512) 465-5634
	Via Email: MVD-scancenter@TxDMV.gov
FOR ASSISTANCE with this form, please call toll free 1-888-368-4689.	

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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 (A fee of \$1.00 will be added to each Credit Card Transaction)	Complete the "Payment By Credit Card" form included on the next page. Mail form and documents or 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 (A fee of \$30 will be charged for returned checks)	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	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>

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	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 Visa MasterCard Discover 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? If so, explain fully on a separate sheet and reference any applicable exception found in the Texas Occupations Code Chapter 2301.</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

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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.

Table with 3 rows and 2 columns. Row 1: Has any person listed on this form... ever been arrested for an offense that is currently pending? (If yes, submit Criminal History, Form LF606.) [] Yes [] No. Row 2: Has any person listed on this form... ever: been convicted of a felony or misdemeanor offense... or received a deferred adjudication... in any in-state, out of state, or federal jurisdiction? (If yes, submit Criminal History, Form LF606.) [] Yes [] No. Row 3: Has any person listed on this form... 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 Criminal History, Form LF606.) [] Yes [] 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):			
<input type="checkbox"/> Individual	<input type="checkbox"/> 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):			
<input type="checkbox"/> Limited Partnership/LTD	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Partnership
If this is a corporation, is it nonprofit? <input type="checkbox"/> YES <input type="checkbox"/> NO		If this is a corporation, is it publicly traded? <input type="checkbox"/> YES <input type="checkbox"/> 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 _____

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.