



APPLICATION

FOR

MOTOR VEHICLE SALES FINANCE LICENSE

All questions must be answered. Write N/A if not applicable.

This application is for: **All Motor Vehicles** Ch 348 **Commercial Vehicles** only Ch 353
 New License
 Transfer (change in ownership or form of business) of **License Number**

This application is for: Active License Inactive License

Applicant is: Proprietor General Partnership Limited Liability Company
 Corporation Limited Partnership Other _____

Name of Applicant _____

Operating Name (DBA) _____

Texas Department of Transportation Motor Vehicle Dealer License Number (GDN) _____

Federal Employment Identification Number (FEIN) _____ Phone Number (_____)

Address of Licensed Location (*No P.O. Boxes*) _____

City _____ State _____ Zip Code _____ - _____ County _____

Mailing Address (*If different from above*) _____

Individual Primarily Responsible for Daily Financing Operations at this Location _____

Person to contact about this application _____	
Title _____	Phone Number (_____)
Fax Number (_____)	Email Address _____

The undersigned affirms that all answers made in the Application for License, Disclosure of Owners and Principal Parties, Application Questionnaire and in all supporting schedules and exhibits are true, correct, and complete and are made for the purpose of securing the license(s) indicated here. The applicant is of good moral character, good business repute, and possesses the character and general fitness necessary to warrant belief that the applicant will operate the business lawfully and fairly within the provisions of the Texas Finance Code. **FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL.**

_____ Signature	_____ Title	_____ Date	_____ Signature	_____ Title	_____ Date
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_____ Signature	_____ Title	_____ Date	_____ Signature	_____ Title	_____ Date
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The Office of Consumer Credit Commissioner obtains information from this form and certain third party sources. With few exceptions, you may review and correct the information we collect. To find out more about the information we collect or make an open records request, contact our Public Information Officer at 512-936-7639 or info@occc.state.tx.us.