Texas Department of Motor Vehicles
(Rev. 10/12)
Page of

Motor Vehicle Division

Change to e-Tag Contact Information

WHO SHOULD SUBMIT THIS FORM

Complete this form to change the contact information for an existing e-Tag system account.

FORM SUBMISSION	
By Mail:	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 2293 Austin, TX 78768-2293
Via Fax:	(512) 416-4886
Via Email:	MVD_OnlineSupport@TxDMV.gov
FOR ASSISTANCE with this form, please call toll free 1-888-368-4689 [Option 4].	

GENERAL INSTRUCTIONS

- Please print legibly or type.
- Please complete each item of the form.
- This form must contain the signature of an authorized officer or the licensee's e-Tags contact.
- Please note that when you change your e-Tag information, a new username and password will be generated and sent to the new email address provided below.

E-TAG CONTACT INFORMATION

DEALER LICENSE NUMBER: _____

NEW CONTACT FIRST NAME: _____

NEW CONTACT MIDDLE INITIAL: _____

NEW CONTACT LAST NAME: _____

NEW CONTACT PHONE NUMBER: _____

NEW EMAIL ADDRESS: _____

SIGNATURE

I hereby request the Texas Department of Motor Vehicles to change our e-Tag license contact information, as entered above.

Printed Name and Title	Signature of Authorized Officer or Vision 21 Contact	Date

Privacy Statement

The TxDMV maintains information collected through this form. With few exceptions, you are entitled on request to be informed about the information that we collect about you. You may also review and correct the information collected. To make an open records request, contact 1-888-368-4689 or MVD_Openrecords@TxDMV.gov.

Who can I call fo