Dealer, Distributor, Manufacturer & Transporter Renewal Application Please answer <u>all</u>questions and submit <u>all</u> required documentation.

Permanent 12 Digit Customer	r ID#: Current Maste	er Tag Numbe	er: County W	here Business is Located:	
Has your Company's GA Publicly, Listed Telephone Number Changed? (Cell phones are <u>not</u> acceptable) No Yes, attach a copy					
Has your State of GA Tax ID Number Changed? No Yes, attach a copy					
Has your category of motor vehicles, tractors, trailers or motorcycles sold, manufactured, leased or transported changed from last year? No Yes, , please explain					
Has the full legal name of the Company, Business, Firm, Corporation or LLC changed? No Yes, attach copy of ST-2/Used Car Board License.					
Has the D/B/A Company, Business, Firm, Corporation, or LLC name under which you do business changed?					
Has your established place of business changed? No Yes, attach a copy of ST-2/Used Car Board License.					
Has your mailing address changed? No Yes, attach a copy of ST-2/Used Car Board License.					
Has your authorized agent/authorized agents changed?					
Used Motor Vehicle/Parts Dealers (Only)					
Attach a copy of your current State of Georgia Used Motor Vehicle Dealer License and/or Used Motor Vehicle Parts Dealer License.					
Manufactured Home Dealers (Only)					
Attach a copy of your current State of Georgia Fire Marshal's license.					
Transporters (Only)					
Attach a copy of your current GA Business or Occupational License					
Has your Federal Employer Identification Number (FEIN) cha			No	es, attach a copy	
Has your U.S. D.O.T. number changed?			No	res, attach a copy	
Has your I.F.T.A. Decal number changed?			No	Yes, attach a copy	
Schedule of Mailing Fees Registration Expiration Month					
If you want your tags/renewal decals mailed to you, include the applicable mailing fees based on the number of tags/renewal decals for which you applied.			During the transition, your dealer expiration date will be determined by the first letter or number of your business name and will expire at the end of the month below.		
1 Tag/Decal	\$1.00		A or B January		
2 Tags/Decals	\$2.00		C or D	February	
3 Tags/Decals	\$2.50	E	E, F, 4, 5 or 8	March	
4-6 Tags/Decals	\$5.50		G or H	April	
7-9 Tags/Decals	\$6.00	I or J		May	
10-15 Tags/Decals \$6.25 16-20 Tags/Decals \$6.50			K or L	June	
16-20 Tags/Decals \$6.50			M, N or 9	July	
21-25 Tags/Decals \$6.75 26 + Tags/Decals \$7.00			O, P or 1	August	
26 + Tags/Decals \$7.00 Pickup? Yes No		C	Q or R T, 2, 3, 6 or 7	September October	
			U, V or W	November	
Telephone #:			X, Y, Z or 0	December	
Signature of Authorized Agent: Date:					

Original form must be submitted without alterations or corrections. Photocopies will not be accepted!

Registration Year

O.C.G.A. § 50-36-1(e) (2) Affidavit

By executing this affidavit under oath, as an applicant for:

(Check all that apply.)

Motor Vehicle Dealer, Distributor, Manufacturer, or Transporter Tag

Motor Vehicle Temporary Site Permit Out of State Recreational Vehicle Franchise Dealer Permit

Georgia Intrastate Motor Carrier

as referenced in O.C.G.A § 50-36-1, from the Georgia Department of Revenue, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United States citizen.

2) _____ I am a legal permanent resident of the United States.

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state)

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

____ DAY OF _____, 20____

NOTARY PUBLIC My Commission Expires:

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit.