

**Dealer, Distributor, Manufacturer & Transporter Tag Application**

**Please read the instructions that apply to requested tag category before completing and submitting documents and fees.**

Permanent Twelve-Digit (12) Customer ID Number	Current Master Tag Number
Company's Publicly Listed Phone Number (No cell phone numbers)	State of Georgia Tax ID Number (Attach copy)
State of Georgia Business or Occupational License Number (Attach copy)	State of Georgia Used Motor Vehicle Dealer Number, Used Motor Vehicle Parts Dealer Number (Attach copy)
Makes of Motor Vehicles, Tractors, Trailers or Motorcycles Sold, Manufactured, Leased or Transported	<b>Manufactured Home Dealers Only</b> State of Georgia Fire Marshal Number (Attach copy)

<b>TRANSPORTERS (WHEN APPLICABLE)</b>		
Federal Employer Identification Number (FEIN)	U.S. D.O.T. Number	I.F.T.A. Decal Number

In accordance with Georgia Law §40-2-38, I am applying for distinguishing tags for motor vehicles manufactured, distributed, exchanged, sold, transported or leased by the company, business, firm, corporation or LLC referenced in this application.

Full, Legal Name of Company, Business, Firm, Corporation, LLC	D/B/A Company, Business, Firm, Corporation, LLC Name Under Which You Do Business, if <u>not</u> the same as the full, legal name
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Established Place of Business Street Address	City	Zip Code	County
<b>Georgia</b>			

Mailing Address (if different from street address)	City	Zip Code	County
<b>Georgia</b>			

<b>TAG CATEGORY</b>			
<b>Check box to indicate the tag category you are requesting. Submit a separate MV-6 application for <u>each</u> category <u>or</u> business location.</b>			
<input type="checkbox"/> Dealer	<input type="checkbox"/> Distributor	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Motorcycle Dealer
<input type="checkbox"/> Motorcycle Distributor	<input type="checkbox"/> Motorcycle Manufacturer	<input type="checkbox"/> Transporter	

When applying for <b>dealer tags</b> , check applicable box(es) below: <input type="checkbox"/> Franchise Dealer (new motor vehicles) <input type="checkbox"/> Independent Dealer (used motor vehicles) – An Independent Dealer must also check the applicable box(es) below: <input type="checkbox"/> Auction Company <input type="checkbox"/> Broker <input type="checkbox"/> Retail Dealer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Motorcycle Dealer <input type="checkbox"/> Manufactured Home Dealer <input type="checkbox"/> Trailer Dealer	<table style="width:100%;"> <tr> <td>Master Tag*</td> <td align="right">1@</td> <td align="right">\$ 62.00</td> </tr> <tr> <td>Number of additional tags*</td> <td align="right">_____@ \$12.00</td> <td align="right">\$ _____</td> </tr> <tr> <td>Franchise Fee/Franchise dealers only (new motor vehicles)</td> <td></td> <td align="right">\$ 25.00</td> </tr> <tr> <td>Mailing Fee*</td> <td align="right">_____# of tags</td> <td align="right">\$ _____</td> </tr> <tr> <td align="right" colspan="2"><b>Total Due:</b></td> <td align="right"><b>\$ _____</b></td> </tr> </table> <p><small>* See <u>instructions for requirements</u>. Pay all fees with a check or money order payable to the Department of Revenue. Please <u>do not</u> remit cash by mail.</small></p>	Master Tag*	1@	\$ 62.00	Number of additional tags*	_____@ \$12.00	\$ _____	Franchise Fee/Franchise dealers only (new motor vehicles)		\$ 25.00	Mailing Fee*	_____# of tags	\$ _____	<b>Total Due:</b>		<b>\$ _____</b>
Master Tag*	1@	\$ 62.00														
Number of additional tags*	_____@ \$12.00	\$ _____														
Franchise Fee/Franchise dealers only (new motor vehicles)		\$ 25.00														
Mailing Fee*	_____# of tags	\$ _____														
<b>Total Due:</b>		<b>\$ _____</b>														

By placement of my signature hereon, I do solemnly swear, affirm or certify under criminal penalty of a felony for fraudulent use of a false or fictitious name or address or making a material false statement punishable by a fine of up to \$5,000 or by imprisonment of up to five (5) years, or both, that statements contained on documents submitted by me are true and accurate. I also swear, affirm or certify that I am the authorized agent to sign for the company listed above, and shall comply with all state laws, rules and regulations pertaining to these tags.

The person authorized to complete this application must print their name, sign their name and enter their position or job title with the company and the date signed. Attach a copy of the authorized person's valid Georgia driver's license or Georgia ID card.

<b>Printed Name of Person Authorized to Complete MV-6, MV-6A &amp; MV-6B Forms</b>	<b>Signature &amp; Position or Job Title of Person Authorized to Complete MV-6, MV-6A &amp; MV-6B Forms</b>	<b>Date</b>
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<b>Mailing Address</b> ATTN: Special Tags DOR/Motor Vehicle Division PO Box 740381 Atlanta, Georgia 30374-0381	<b>Drop-off Box (Business Hours)</b> White Mailbox Inside Lobby 1200 Tradeport Boulevard Hapeville, Georgia 30354	<b>Drop-off Box (After Hours)</b> Metal Box To the right of the main entrance 1200 Tradeport Boulevard Hapeville, Georgia 30354
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If you need additional information, please call (404) 675-4947 or (404) 362-6500. From our website, [www.dor.ga.gov](http://www.dor.ga.gov), you can electronically complete & print these forms for signing & submission.

### Authorize/Add/Delete Agents Dealer, Distributor, Manufacturer & Transporter Tags

**Please read the instructions that apply to requested tag category before completing and submitting documents and fees.**

Permanent Twelve-Digit (12) Customer ID Number	Current Master Tag Number	Company's Publicly Listed Phone Number (No cell phone numbers)	
Full, Legal Name of Company, Business, Firm, Corporation, LLC		D/B/A Company, Business, Firm, Corporation, LLC Name under which you do business if <u>not</u> the same as the full, legal name	
Established Place of Business Street Address	City	Zip Code	County
<b>Georgia</b>			
Mailing Address (if different from street address)	City	Zip Code	County
<b>Georgia</b>			

In accordance with Georgia law §40-2-38, I am authorizing, adding or deleting agents/representatives for the distinguishing tags issued for motor vehicles the company, business, firm, corporation or LLC referenced in this application manufactures, distributes, exchanges, sells, transports or leases.

**AUTHORIZE/ ADD Agents** (Complete additional MV-6A forms as necessary.)

Record authorized agents' full, legal names as shown on their valid Georgia driver's licenses or Georgia ID cards & their positions or job titles with the company, business, firm, corporation or LLC.

**Attach a copy of each agent's Georgia driver's license or Georgia ID card. Each authorized agent must sign & date this form.**

Authorized Agent's Printed Name	Authorized Agent's Signature	Authorized Agent's Position or Job Title	Date

**DELETE Agents** (Complete additional MV-6A forms as necessary.)

Record the name of agents/representatives no longer authorized to act as agents or representatives of the company, business, firm or LLC.

Agent's Printed Name	Agent's Position or Job Title	Date Deleted

<b>Printed Name of Person Authorized to Complete MV-6, MV-6A &amp; MV-6B Forms</b>	<b>Signature &amp; Position or Job Title of Person Authorized to Complete MV-6, MV-6A &amp; MV-6B Forms</b>	<b>Date Signed</b>

By signing this form to authorize, add or delete agents of the company, business, firm or LLC recorded above, I swear, affirm or certify under criminal penalty of a felony for fraudulent use of a false or fictitious name or address or for making a material false statement punishable by a fine of up to \$5,000 or by imprisonment of up to five (5) years, or both, that statements contained on documents submitted by me or authorized agents/representatives are true and accurate. I also swear, affirm or certify that I am the authorized agent of the business listed above and shall comply with all state laws, rules and regulations pertaining to these tags.

<b>Mailing Address</b> ATTN: Special Tags DOR/Motor Vehicle Division PO Box 740381 Atlanta, Georgia 30374-0381	<b>Drop-off Box (Business Hours)</b> White Mailbox Inside Lobby 1200 Tradeport Boulevard Hapeville, Georgia 30354	<b>Drop-off Box (After Hours)</b> Metal Box Right of the Main Entrance 1200 Tradeport Boulevard Hapeville, Georgia 30354
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**Dealer, Distributor, Manufacturer or Transporter Application for Additional Tags**

**Please read the instructions that apply to requested tag category before completing and submitting documents and fees.**

Permanent Twelve-Digit (12) Customer ID Number	Current Master Tag Number
Company's Publicly Listed Phone (No cell phone numbers)	State of Georgia Tax ID Number
Full, Legal Name of Company, Business, Firm, Corporation, LLC	D/B/A Company, Business, Firm, Corporation, LLC Name under which you do business if <u>not</u> the same as the full, legal name

Established Place of Business Street Address	City	Zip Code	County
<b>Georgia</b>			
Mailing Address (if different from street address)	City	Zip Code	County
<b>Georgia</b>			

**Tag Category**

Check box to indicate the tag category for which you are requesting additional tags.

Dealer     
  Distributor     
  Manufacturer     
  Motorcycle Dealer  
 Motorcycle Distributor     
  Motorcycle Manufacturer     
  Transporter

When applying for <b>dealer tags</b> , check applicable box below:  <input type="checkbox"/> Franchise Dealer (new motor vehicles) <input type="checkbox"/> Independent Dealer (used motor vehicles) An Independent Dealer <u>must</u> also check the applicable box(es) below: <input checked="" type="checkbox"/> Auction Company <input checked="" type="checkbox"/> Broker <input checked="" type="checkbox"/> Retail Dealer <input checked="" type="checkbox"/> Wholesaler  <input type="checkbox"/> Motorcycle Dealer <input type="checkbox"/> Manufactured Home Dealer <input checked="" type="checkbox"/> Trailer Dealer	<p><b>Fees</b></p> Number of additional tags* <u>25</u> @\$12.00      \$ <u>300.00</u> Mailing Fee* <u>25</u> # of tags      \$ <u>15.00</u> TOTAL DUE      \$ <u>315.00</u>  * See instructions for requirements. Pay all fees with <u>one</u> check or money order payable to the Department of Revenue. Please <u>do not</u> remit cash through the mail!
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**Affidavit**

I, \_\_\_\_\_, am applying for \_\_\_\_\_ additional tags.  
 (Authorized Agent's Printed Name & Position or Job Title) (Number of Additional Tags)

additional tags. To be eligible to receive more than two (2) additional tags, I am completing the following affidavit certifying the number of vehicles the business named in this application sold (retail or wholesale), distributed, manufactured or transported during the previous calendar year based on its business records. If the business named in this application is a new business or has been in business less than a year, I am certifying the number of vehicles the business is projected to sell (retail or wholesale), distribute, manufacture or transport during the coming calendar year. I understand that the Department has the right to limit the number of additional tags issued when the numbers certified in this affidavit differs from the department's records, business records or investigative findings. I also understand that the Department may request additional documents to validate the need for additional tags.

**Check the applicable box:**       **Actual Number**       **Projected Number**

Retail Vehicle Sales	<b>OR</b>	Vehicles Distributed, Manufactured or Transported	<b>OR</b>	Broker/Wholesaler/Auction Sales	<b>=</b>	No. of Additional Tags Requested
Number Sold Retail:		No. Distributed, Manufactured or Transported:		No. Brokered, Wholesaled or Sold at Auction:		

I hereby swear, affirm or certify under criminal penalty of a felony for fraudulent use of a false or fictitious name or address or making a material false statement punishable by a fine of up to \$5,000 or by imprisonment of up to five (5) years, or both, that statements contained on documents submitted by me are true and accurate and I understand the authorized uses of these tags as required by this state's laws, rules and regulations. I understand that I must promptly file a police report when a tag is lost or stolen and submit a copy of such police report to the Motor Vehicle Division. I further swear, affirm or certify that in accordance with §40-3-33 (b) of Georgia Law, my records shall be available for inspection by any representative or officer of the Department of Revenue upon request during normal business hours.

Signature & Position/Job Title of Person Authorized to Complete MV-6, MV-6A & MV-6B Forms:

Sworn to and subscribed before me this \_\_\_\_\_ of \_\_\_\_\_, 2\_\_\_\_\_.  
 (day) (Month) (Year)

Notary Public's Printed Name, Signature & Notary Seal or Stamp: \_\_\_\_\_ Date Notary Public's Commission Expires: \_\_\_\_\_

<b>Mailing Address</b> ATTN: Special Tags DOR/Motor Vehicle Division PO Box 740381 Atlanta, Georgia 30374-0381	<b>Drop-off Box (Business Hours)</b> White Mailbox Inside Lobby 1200 Tradeport Boulevard Hapeville, Georgia 30354	<b>Drop-off Box (After Hours)</b> Metal Box To the right of the main entrance 1200 Tradeport Boulevard Hapeville, Georgia 30354
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