

DOR USE ONLY
Permanent (12) Digit Customer ID#

Master Tag Number

Dealer, Distributor, Manufacturer & Transporter Tag Application

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

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 current copy)
Makes of Motor Vehicles, Tractors, Trailers or Motorcycles Sold, Manufactured, Leased or Transported	Manufactured Home Dealers Only State of Georgia Fire Marshal Number (Attach current copy)
Federal Employer Identification Number (FEIN)	TRANSPORTERS (ATTACH COPIES) 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			
Established Place of Business Street Address	City	State	Zip Code	County
Mailing Address (if different from street address)	City	State	Zip Code	County

TAG CATEGORY

Check box to indicate the tag category you are requesting. Submit a separate MV-6 application for each category or business location.

- Dealer Distributor Manufacturer Motorcycle Dealer
 Motorcycle Distributor Motorcycle Manufacturer Transporter

When applying for **dealer tags**, check applicable box(es) below:

- Franchise Dealer (new motor vehicles)
 Independent Dealer (used motor vehicles) – An Independent Dealer must also check the applicable box(es) below:
 Auction Company
 Broker
 Retail Dealer
 Wholesaler
 Motorcycle Dealer
 Manufactured Home Dealer
 Trailer Dealer

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	\$ _____
Total Due:		\$ _____

**See instructions for requirements. Pay all fees with a check or money order payable to the Department of Revenue. Please do not remit cash by mail.*

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.

Printed Name of Person Authorized to Complete MV-6, MV-6A, MV-6B & MV-6C forms.	Signature & Position or Job Title of Person Authorized to Complete MV-6, MV-6A, MV-6B & MV-6C forms.	Date
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Mailing Address ATTN: Dealer Registration DOR/Motor Vehicle Division PO Box 740381 Atlanta, Georgia 30374-0381	In-Person Address Department of Revenue Motor Vehicle Division 4125 Welcome All Road Atlanta, Georgia 30349
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If you need additional information, please call 1-855-406-5521. From our website, etax.dor.ga.gov, you can electronically complete & print these forms for signing & submission. E-mail: dealer.tags@dor.ga.gov

**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	State	Zip Code	County
Mailing Address (if different from street address)	City	State	Zip Code	County

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

Printed Name of Person Authorized to Complete MV-6, MV-6A, MV-6B & MV-6C Forms	Signature & Position or Job Title of Person Authorized to Complete MV-6, MV-6A, MV-6B & MV-6C Forms	Date Signed

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.

Mailing Address ATTN: Dealer Registration DOR/Motor Vehicle Division PO Box 740381 Atlanta, Georgia 30374-0381	In-Person Address Department of Revenue Motor Vehicle Division 4125 Welcome All Rd Atlanta, Georgia 30349
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If you need additional information, please call 1-855-406-5221. You can electronically complete and print these forms for signing and submission from our website at etax.dor.ga.gov. E-mail: dealer.tags@dor.ga.gov

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	State	Zip Code	County
Mailing Address (if different from street address)	City	State	Zip Code	County

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 **dealer tags**, 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(s) 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	<p align="center">Fees</p> Number of additional tags* _____ @\$12.00 \$ _____ Mailing Fee* _____ # of tags \$ _____ <p align="center">TOTAL DUE \$ _____</p> <p><small>*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!</small></p>
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Affidavit

I, _____, am applying for _____ additional tags. (Authorized Agent's Printed Name & Position or Job Title) (Number of 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	OR	Vehicles Distributed, Manufactured or Transported	OR	Broker/Wholesaler/Auction Sales	=	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 & MV-6C 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: _____

<p>Mailing Address ATTN: Dealer Registration DOR/Motor Vehicle Division PO Box 740381 Atlanta, Georgia 30374-0381</p>	<p>In-Person Address Department of Revenue Motor Vehicle Division 4125 Welcome All Road Atlanta, Georgia 30349</p>
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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 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.

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: