

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)

TRANSPORTERS (ATTACH COPIES)		
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	State	Zip Code	County
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Mailing Address (if different from street address)	City	State	Zip Code	County
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TAG CATEGORY	
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.	
<input type="checkbox"/> Dealer	<input type="checkbox"/> Distributor
<input type="checkbox"/> Motorcycle Distributor	<input type="checkbox"/> Motorcycle Manufacturer
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Motorcycle Dealer
<input type="checkbox"/> Retail Dealer	<input type="checkbox"/> Transporter

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

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	
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