



# Georgia Department of Revenue - Motor Vehicle Division Affidavit to Support a Request for Correction of the VIN Recorded on a Georgia Vehicle Title and Registration



**Purpose of this affidavit:** This affidavit is to be used by a vehicle owner to request the correction of the vehicle identification number (VIN) on a motor vehicle record, certificate of title and registration when the motor vehicle owner and insurance company have determined that liability insurance coverage matches the VIN on the vehicle but the title and/or registration for the vehicle reflects a different VIN.

**How to submit this affidavit:** This completed affidavit, legibly printed or typed, must be submitted with required documents to your local county tag office or the Georgia Department of Revenue - Motor Vehicle Division. Please refer to <https://dor.georgia.gov/motor-vehicles> to locate the county tag office in your county of residence or mail the completed affidavit to ATTN: Research/Title Corrections, DOR/Motor Vehicle Division, P.O. Box 740381, Atlanta GA 30374-0381.

**Required documents:** You must provide a completed and signed Form MV-1 Title/Tag Application along with a completed and signed Form T-22B Certificate of Inspection or a legible pencil tracing of the vehicle's VIN (serial) plate. If your vehicle requires a title, the original Georgia certificate of title must also be submitted.

<b>A OWNER INFORMATION</b>	
<b>Vehicle Owner's Full Legal Name:</b>	Individual (First Name, Middle Initial, Last Name, Suffix) or Business
<b>Mailing Address:</b>	Street No. Street Name Apt./Suite No. City: State: ZIP Code:
<b>E-mail Address:</b>	Telephone No.:

<b>B CORRECTION OF VEHICLE IDENTIFICATION NUMBER (VIN)</b>		
<b>Year:</b>	<b>Make:</b>	<b>Model:</b>
<b>Georgia Certificate of Title No.:</b>		
<b>License Plate / Tag No.:</b>	<b>License Plate / Tag Category:</b>	Standard, Prestige, Military, Special Interest, etc.

<b>INCORRECT VIN:</b>	
<b>CORRECT VIN:</b>	

<b>C CERTIFICATION</b>	
I understand that the Department or County Tag Agent is correcting the vehicle record, registration, and title based in part on the information provided in this affidavit. Therefore, I agree to defend, indemnify and hold harmless the Georgia Department of Revenue - Motor Vehicle Division, County Tag Agents, and their commissioners, directors, officers, and employees, from and against any and all claims, demands, liabilities, losses, costs or expenses, including attorneys' fees, due to liability to a third party or parties, for any loss due to any injury arising out of or resulting from the correction of this vehicle record, registration or title based on information contained in this affidavit.	
<b>Georgia Driver's License/ ID No. or Customer ID No.:</b>	<b>Authorized Agent:</b> Full Legal Name Position/Job Title
<b>Signature of Owner or Authorized Agent:</b>	<b>Date:</b>

<b>D NOTARY PUBLIC ACKNOWLEDGEMENT</b>	
Personally appeared before me, the undersigned officer, duly authorized by law to administer oaths, comes the registered owner named in Section A, who being duly sworn, states that he and/or she is over the age of majority and gives this affidavit on the basis of personal knowledge of facts and circumstances surrounding the motor vehicle identified in Section B; and is the owner of the vehicle identified on the referenced certificate of title and license plate (tag) registration; and further affirms the VIN is incorrectly recorded in the files of the Georgia Department of Revenue - Motor Vehicle Division.	
<b>Sworn to and subscribed before me this</b>	<b>Notary Seal or Stamp</b>
Sworn to and subscribed before me this [ ] day of [ ] Month, [ ] Year	
<b>Notary Public's Full Legal Name:</b>	
<b>Physical Address:</b>	
<b>E-mail Address:</b>	<b>Telephone No.:</b>
<b>Signature of Notary Public:</b>	<b>Commission Expires:</b>

**INSTRUCTIONS**  
**How to complete Form MV-18E**

**COMPLETING THIS AFFIDAVIT**

This affidavit must be completed in its entirety, legibly printed in blue or black ink or typed. **Any correction or alteration will void this form.**

**Section A:** Record the registered owner's full legal name (first, middle initial, last) or business name (if applicable), physical address, e-mail address and telephone number.

**Section B:** Record the vehicle's year, make, model, certificate of title number and license plate (tag) information.

**Section C:** Certify before a notary public that all statements are true and accurate. If the person completing this form is an individual, please provide driver's license number. If the person completing this form is an authorized agent representing a business or company, please provide the business's/company's customer identification number and the agent's full legal name and position/job title.

**Section D:** This affidavit must be signed and notarized by a commissioned notary public in order to be processed.

**REQUIRED DOCUMENTS**

The following documents are required:

- Completed and signed Form MV-1 Title/Tag Application.
- Completed and signed Form T-22B Certificate of Inspection or a legible pencil tracing of the vehicle's VIN (serial) plate.
- If your vehicle requires a title, the original Georgia certificate of title must also be submitted.
- Any other available documents that will support the correction request should also be submitted.

**FEEES**

There is no fee charged for the correction of the vehicle identification number. However, if there are any other corrections or changes required or requested for a vehicle that is required to be titled, the title application fee of \$18.00 must be paid.

**SUBMITTING THIS AFFIDAVIT**

This completed affidavit, legibly printed or typed, must be submitted along with required documents to your local county tag office or the Georgia Department of Revenue - Motor Vehicle Division.

LOCAL COUNTY TAG OFFICE	GEORGIA DEPARTMENT OF REVENUE MOTOR VEHICLE DIVISION	
Please refer to <a href="https://dor.georgia.gov/motor-vehicles">https://dor.georgia.gov/motor-vehicles</a> to locate the county tag office in your county of residence.	<b>In Person:</b> Motor Vehicle Customer Service Lobby 4125 Welcome All Road Atlanta GA 30349 Business Hours: 7:30 AM – 4:30 PM Schedule an appointment online at: <a href="https://dor.georgia.gov/schedule-motor-vehicle-appointments">https://dor.georgia.gov/schedule-motor-vehicle-appointments</a>	<b>By Mail:</b> ATTN: Research/Title Corrections DOR/Motor Vehicle Division P.O. Box 740381 Atlanta GA 30374-0381

**IMPORTANT INFORMATION**

The Georgia Department of Revenue and County Tag Agents reserve the right to deny the correction of any motor vehicle record, certificate of title or registration. During the correction of a VIN, if the Department or County Tag Agent determines that a registration and/or title record already exists for the correct VIN, the owner must comply with additional requirements.

