



Georgia Department of Revenue - Motor Vehicle Division Dealer, Distributor, Manufacturer & Transporter Application to Authorize, Add, or Delete Agents



Purpose of this form: This form is to be used by a business owner or executive officer to authorize, add, or delete agents or representatives of the business.

Completing this form: This form 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 business information. If the business is new, only provide the business name, doing business as, e-mail address and telephone number.

Section B: Provide the name and position of each agent to be authorized or deleted. Authorized agent must sign and date this form.

Section C: Certify that all statements contained in this form are true and accurate.

How to submit this form: Submit this completed form along with all required documents to the Georgia Department of Revenue - Motor Vehicle Division. Please e-mail to the DOR/Motor Vehicle Division, Business Registration Unit at business.registration@dor.ga.gov.

Required document(s): You are required to submit copies of each authorized agent's Georgia driver's license or Georgia identification card.

A BUSINESS INFORMATION

Permanent 12-Digit Customer ID No.:	<input type="text"/>	Current Master Plate No.:	<input type="text"/>
Business Name:	<input type="text"/>		
Doing Business As:	<input type="text"/>		
E-mail Address:	<input type="text"/>	Telephone No.:	<input type="text"/>

Publicly listed, no cell phone number.

B AUTHORIZE / ADD / DELETE AGENTS Complete additional Forms MV 6A as necessary.

Authorized / Add Agents - Record authorized agents' full legal names as shown on their valid Georgia driver's licenses or Georgia ID cards and their positions or job titles with the business.

AUTHORIZED AGENT'S PRINTED NAME	AUTHORIZED AGENT'S SIGNATURE	AUTHORIZED AGENT'S POSITION OR JOB TITLE	DATE

Delete Agents - Record the name of agents no longer authorized to act as agents or representatives of the business.

AUTHORIZED AGENT'S PRINTED NAME	AUTHORIZED AGENT'S POSITION OR JOB TITLE	DATE DELETED

C CERTIFICATION

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 materially 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 business listed above and shall comply with all state laws, rules and regulations pertaining to these plates.

Business Owner's or Executive Officer's Printed Name:	<input type="text"/>		
Business Owner's or Executive Officer's Signature:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>

Customer ID Number _____

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

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: