



Georgia Department of Revenue - Motor Vehicle Division
Application for Additional Dealer, Distributor,
Manufacturer & Transporter License Plates



Purpose of this form: This form is to be used by a business owner or executive officer to request the manufacture of additional dealer, distributor, manufacturer or transporter license plates.

How to submit this form: This form must be completed in its entirety, legibly printed or typed, and submitted along with all required documents and fees to the Georgia Department of Revenue - Motor Vehicle Division. Dealers, Distributors, and Manufacturers - Please upload online through DRIVES e-Services, https://eservices.drives.ga.gov. Transporters may upload online, submit via mail to the DOR/Motor Vehicle Division, Business Registration Unit or visit in person by appointment only.

Required document(s): You are required to submit documents supporting State and Federal identification numbers, licenses and sales tax certificate; a Certificate of Motor Carrier Insurance Policy; photos of business and signage; copy of landline telephone bill; list of current employees and contractors; and copies of driver's licenses for current employees and contractors.

A BUSINESS INFORMATION

Permanent 12-Digit Customer ID No.: [grid] Current Master Plate No.: [grid]
Business Name: [text]
Doing Business As: [text]
E-mail Address: [text] Telephone No.: [text]
Publicly listed, no cell phone number.

B ADDITIONAL LICENSE PLATE REQUEST

Check plate type: [] Dealer Plate [] Motorcycle Dealer Plate [] Distributor Plate [] Motorcycle Distributor Plate [] Manufacturer Plate [] Motorcycle Manufacturer Plate [] Transporter
If applying for Dealer Plate, check dealer type: [] Franchise Dealer (New Motor Vehicles) [] Independent Dealer (Used Motor Vehicles) [] Used Parts Dealer [] Motorcycle Dealer [] Manufactured Home Dealer [] Trailer Dealer
Independent Dealer must also check applicable box(es): [] Auto Auction Company [] Auto Broker [] Retail Dealer [] Wholesaler

I, the business owner or executive officer, am applying for additional plates. To be eligible to receive more than two (2) additional plates, I am 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 plates issued when the number 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 plates. Check applicable box: [] Actual Number [] Projected Number

No. of Vehicles Sold Retail: [text] No. of Vehicles Distributed, Manufactured or Transported: [text] No. of Vehicles Brokered, Wholesaled or Sold at Auction: [text]

Note: In order for vehicles sold to out-of-state buyers to be included in the count of vehicles sold, a copy of the front and back of all titles sold to out-of-state buyers must be attached.

CALCULATE TOTAL DUE: Please make check or money order payable to Georgia Department of Revenue. Cash is not accepted.

Table with columns: ADDITIONAL PLATES (# of Plates X \$12.00 = \$), MAILING FEE (# of Plates = \$), TOTAL DUE (\$)

C CERTIFICATION

In accordance with O.C.G.A. § 40-2-38, I am applying for distinguishing plates for motor vehicles manufactured, distributed, exchanged, sold or leased by the business referenced in this application.

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 an 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: [text]
Business Owner's or Executive Officer's Signature: [text] Date: [text]

INSTRUCTIONS
How to complete the Form MV-6B

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. The telephone number must be a publicly listed, Georgia telephone number; cell phones are not acceptable. The business address block should contain the physical address of the business.

Section B: Check boxes to indicate the plate category you are requesting. Enter the number of additional plates to be manufactured and calculate the total due. The Department's cost to mail must be included in the total due if the plates are to be mailed to the address recorded in Section A.

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

REQUIRED DOCUMENT(S)

The following documents may be required:

- Proof of Georgia Tax Identification Number
- Georgia Business or Occupational License
- Georgia Sales Tax Certificate (Form ST-2)
- Georgia Used Motor Vehicle Dealer / Parts Dealer License
- Georgia Fire Marshal's License
- Proof of Federal Employer Identification Number
- Proof of USDOT Number
- Certificate of Motor Carrier Insurance Policy
- Photographs of signs, sales rooms or offices, and the car lot
- Copy of landline telephone bill
- List of current employees and contractors
- Copies of driver's licenses for current employees and contractors
- Copies of front and back of all titles sold to out-of-state buyers

FEE(S)

The following fees may apply:

LICENSE PLATE FEES

Plate Type	Additional One per employee
Fees	\$12.00

**Please make check or money order payable to Georgia Department of Revenue.
Cash is not accepted.**

MAILING FEES (if applicable)

# of Plates	1	2	3	4-6	7-9	10-15	16-20	21-25	26 or more
Fees	\$1.00	\$2.00	\$2.50	\$5.50	\$6.00	\$6.25	\$6.50	\$6.75	\$7.00

SUBMITTING this FORM

This completed form must be submitted to the Georgia Department of Revenue - Motor Vehicle Division.

Upload Online:	Mail To: (Transporters Only)	In Person: (Transporters Only)
DRIVES e-Services https://eservices.drives.ga.gov	DOR/Motor Vehicle Division Attn: Business Registration Unit P.O. Box 740382 Atlanta, GA 30374-0382	By appointment only. https://dor.georgia.gov/schedule-motor-vehicle-appointments

E-mail questions, concerns, and/or correspondence to business.registration@dor.ga.gov.

IMPORTANT INFORMATION

1. The Department has the right to limit the number of additional plates issued when the numbers certified on this form differ from the Department's records or investigative findings. The Department may request additional documents to validate the need for additional plates.

If it is determined that these license plates are unlawfully used, license plates may be revoked and confiscated.

2. If you go out of business, you must turn in all license plates, with a signed letter indicating the reason for the return, to the MVD Business Registration Unit.

Please mail to:

DOR/Motor Vehicle Division
Attn: Business Registration Unit
P.O. Box 740382
Atlanta, GA 30374-0382



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: