

INSTRUCTIONS
How to complete the Form MV-6C

REGISTRATION EXPIRATION DATE AND RENEWAL PERIOD

- Expiration dates are determined by the first letter of your business name, and your registration will expire at the end of the month according to the schedule below.
- Plates may be renewed up to 30 days prior to expiration date.
- If registering after the end of designated registration period, the business will be charged a 25% penalty of \$15.50 on the master plate.

REGISTRATION EXPIRATION SCHEDULE

First Letter	A or B	C or D	E, F, 4, 5 or 8	G or H	I or J	K or L
Expiration Month	January	February	March	April	May	June
First Letter	M, N or 9	O, P or 1	Q or R	S, T, 2, 3, 6 or 7	U, V or W	X, Y, Z or 0
Expiration Month	July	August	September	October	November	December

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's permanent 12-digit customer identification number, current master plate number, e-mail address and telephone number.

Section B: Enter all applicable fees 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 on file.

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

REQUIRED DOCUMENTS

The following documents may be required to process this application:

- Georgia Business or Occupational License
- Certificate of Motor Carrier Insurance Policy
- Proof of Federal Employer Identification Number
- Proof of USDOT Number
- Copies of driver's licenses for current employees and contractors

FEE(S)

The following fees may apply:

LICENSE PLATE FEES

Plate Type	Master	Additional One per employee	25% Late Penalty
Fees	\$62.00	\$12.00	\$15.50

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 along with all supporting documents and fees must be submitted to the Georgia Department of Revenue - Motor Vehicle Division.

UPLOAD ONLINE:	MAIL TO	IN PERSON
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.



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: