



## Georgia Department of Revenue - Motor Vehicle Division County Request for Title Correction



**Purpose of this form:** This form is to be used by a county to request a title correction when an employee of the County Tax Commissioner's Office completed the application for title reflecting incorrect data and the owner(s) did not detect the error before signing the application.

**Completing this form:** This form must be completed in its entirety, legibly printed in blue or black ink or typed.

**Section A:** Record the vehicle's information.

**Section B:** Identify the information recorded in error on the certificate of title and provide the correct information.

**Section C:** Provide the name of the county requesting the title correction and its mailing address. Complete the form with a printed name, signature and date.

**How to submit this form:** Submit this completed form with all required documents to the Department of Revenue - Motor Vehicle Division.

**Required documents:** The original Georgia Certificate of Title reflecting the incorrect information and a completed Form MV-1 Motor Vehicle Title Application, signed by the vehicle owner(s), reflecting the correct information.

### A VEHICLE INFORMATION

Vehicle Identification No. (VIN):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year:	<input type="text"/>	Make:	<input type="text"/>	Model:	<input type="text"/>											

### B TITLE INFORMATION

Incorrect Information:	Correct Information:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### C TITLE CORRECTION REQUEST

This is to request that a certificate of title be issued reflecting the correct information as shown in Section B at no charge to our customer. Attached is a title application reflecting correct information signed by the owner(s) and the original Georgia Certificate of Title reflecting the incorrect information.

Name of County:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
City:	State:	ZIP Code:	Telephone No.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed Name of Tax Commissioner, Deputy Commissioner or County Tag Agent:	<input type="text"/>		
Signature of Tax Commissioner, Deputy Commissioner or County Tag Agent:	<input type="text"/>	Date:	<input type="text"/>