



ANY CORRECTION OR ALTERATION WILL VOID THIS FORM

MV-TA (11-2020) Web

Georgia Department of Revenue - Motor Vehicle Division Electronic Title Assignment Supplement for ETR Remote E-signature Solutions



Purpose of this form: This form may only be used by licensed motor vehicle dealers. Individuals and unlicensed dealers are prohibited from using this form.

How to submit this form: Submit this form electronically along with required documents through the Georgia Department of Revenue - Motor Vehicle Division's Electronic Title and Registration (ETR) program using a remote signature solution.

Federal and State laws require that you state the mileage in connection with the transfer of ownership. Failure to provide complete, correct mileage information may result in fines and/or imprisonment.

ASSIGNMENT NO.:	
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VEHICLE INFORMATION						
Vehicle Identification No. (VIN):	<input type="text"/>					
Year:	<table border="1"> <tr> <td><input type="text"/></td> <td>Make:</td> <td><input type="text"/></td> <td>Model:</td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	Make:	<input type="text"/>	Model:	<input type="text"/>
<input type="text"/>	Make:	<input type="text"/>	Model:	<input type="text"/>		

A ASSIGNMENT INFORMATION

The undersigned dealer hereby certifies that the vehicle described in this document has been transferred to the following printed name and address:

Buyer's Name:	<input type="text"/>	Date of Sale:	<input type="text"/>						
Street Address:	<table border="1"> <tr> <td><small>Street No.</small></td> <td><small>Street Name</small></td> <td><small>Suite No.</small></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			<small>Street No.</small>	<small>Street Name</small>	<small>Suite No.</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Street No.</small>	<small>Street Name</small>	<small>Suite No.</small>							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
City:	<input type="text"/>	State:	<input type="text"/>						
		ZIP Code:	<input type="text"/>						

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:

Odometer Reading:	<input type="text"/>	(No Tenths)	<input type="checkbox"/> The mileage stated is in excess of odometer's mechanical limits. <input type="checkbox"/> The odometer reading is NOT the actual mileage – WARNING ODOMETER DISCREPANCY
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Seller's Name:	<input type="text"/>	Dealer No.:	<input type="text"/>						
Street Address:	<table border="1"> <tr> <td><small>Street No.</small></td> <td><small>Street Name</small></td> <td><small>Suite No.</small></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			<small>Street No.</small>	<small>Street Name</small>	<small>Suite No.</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Street No.</small>	<small>Street Name</small>	<small>Suite No.</small>							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
City:	<input type="text"/>	State:	<input type="text"/>						
		ZIP Code:	<input type="text"/>						
Authorized Agent's Name (if applicable):	<input type="text"/>	Seller or Authorized Agent's Signature:	<input type="text"/>						
			<small>Date</small>						

I am aware of the above odometer certification made by the seller:

Buyer's Name:	<input type="text"/>	Dealer No.:	<input type="text"/>
Authorized Agent's Name (if applicable):	<input type="text"/>	Buyer or Authorized Agent's Signature:	<input type="text"/>
			<small>Date</small>

B LIENHOLDER TO BE RECORDED AND SHOWN ON NEW TITLE (IF APPLICABLE)

1 st Lienholder's Name:	<input type="text"/>	ELT No.:	<input type="text"/>						
Street Address:	<table border="1"> <tr> <td><small>Street No.</small></td> <td><small>Street Name</small></td> <td><small>Suite No.</small></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			<small>Street No.</small>	<small>Street Name</small>	<small>Suite No.</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>							
City:	<input type="text"/>	State:	<input type="text"/>						
		ZIP Code:	<input type="text"/>						