



# Georgia Department of Revenue - Motor Vehicle Division

## Electronic Title & Registration (ETR)

### Change of Address Affidavit



**Purpose of this Affidavit:** This affidavit is to be used to record a change of address for an ETR transaction. Please note: This address change affidavit must be submitted even if the vehicle purchase is cancelled.

**Completing this Affidavit:** Complete sections A, B and C (if applicable). Certify by signature and notarization that your address is correctly printed or typed.

**How to submit this Affidavit:** An electronic image of this completed change of address affidavit **must** be submitted electronically to the Department of Revenue **within fifteen (15) days from the date of the change of address transaction**.

#### A PERSONAL INFORMATION

<b>Full Legal Name:</b>	First Name	Middle Initial	Last Name	Suffix
<b>Driver's License/ID Card No.:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>License/ID Card Expiration Date:</b>	M	M	-	D
			-	Y
				Y
				Y
				Y

#### B NEW or CORRECTED RESIDENTIAL ADDRESS (Please do not enter a P.O. Box address in this section.)

<b>Street Address:</b>	Street No.	Street Name	Apt No.
<b>City:</b>	<input type="text"/>	<b>State:</b>	<input type="text"/>
<b>ZIP Code:</b>	<input type="text"/>	<b>County:</b>	<input type="text"/>

#### C NEW or CORRECTED MAILING ADDRESS (If different from the residence address.)

<b>Street Address/P.O. Box:</b>	Street No.	Street Name or P.O. Box	Apt No.
<b>City:</b>	<input type="text"/>	<b>State:</b>	<input type="text"/>
<b>ZIP Code:</b>	<input type="text"/>	<b>County:</b>	<input type="text"/>

#### D CERTIFICATION

I do solemnly swear or affirm under penalty of false statement, in accordance with the provisions of Georgia law, that the name, driver's license and address provided on this affidavit are true and accurate.

<b>Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
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#### E ACKNOWLEDGEMENT OF NOTARY PUBLIC

Sworn to and subscribed before me this	<input type="text"/>	day of	<input type="text"/>	Month	,	<input type="text"/>	Year	<b>Notary Seal or Stamp</b>
<b>Notary Public's Full Legal Name:</b>	<input type="text"/>							
<b>Physical Address:</b>	<input type="text"/>							
<b>City:</b>	<input type="text"/>	<b>State:</b>	<input type="text"/>	<b>ZIP Code:</b>	<input type="text"/>			
<b>Email Address:</b>	<input type="text"/>			<b>Telephone No.:</b>	<input type="text"/>			
<b>Signature of Notary Public:</b>	<input type="text"/>			<b>Commission Expires:</b>	<input type="text"/>			