



**Georgia Department of Revenue
Salvage and Assembled Vehicle Inspector Registration**

Applicants MUST complete all sections of this form legibly, in ink. When completed, sign and return to address listed below.

SECTION A – APPLICANT INFORMATION

Full Legal Name:		
Residence Address:		
Mailing Address, if different from residence address:		
City:	County Name:	Zip Code:
Phone number:	E-mail:	
Fax number :	Cell Phone:	

Attachments to this application:

- Legible copy of Driver’s License
- Verification of two or more years in the motor vehicle collision industry or re-building industry
- Used Motor Vehicle Dealer Pre-Licensing Seminar by the Georgia Secretary of State Professional Licensing Board.
- I-CAR® Platinum Individual™ Transcript
- I-CAR® Student Privacy Waiver (forwarded to I-CAR®)
- \$50,000 Surety Bond in favor of the Georgia Department of Revenue - Original
- Personal liability insurance in the amount of \$1,000,000 / \$100,000 per occurrence
 - If you are employed full-time at a DOR registered Salvage or Assembled Vehicle Inspection Location, you are not required to maintain personal liability insurance, however you must provide a letter confirming employment status.
- Authorization for Release of Personal Information

I understand and acknowledge that this form will be filed with the Department of Revenue and that it is a felony, punishable by imprisonment for not fewer than one nor more than three years or a fine of not less than \$1,000.00 nor more than \$5,000.00, or both, to knowingly falsify any information on this statement.

Applicant’s Printed Name: _____

Applicant’s Signature: _____ Date: _____

E-mail completed application with all attachments to:

mvinspector.application@dor.ga.gov

**Check or Money Order \$100.00 Registration Fee will be required upon contract offer.
Original Surety Bond will be required upon contract offer.**

Date Received: _____	Approved <input type="checkbox"/>	Check or Money Order # _____
Denied <input type="checkbox"/>	Date _____	_____
Reason: _____		



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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Georgia Department of Revenue Special Investigations Unit, whether such records are of a public, private, or confidential nature. I understand that the Georgia Department of Revenue may periodically check the Georgia criminal history information at any time during my term of employment without seeking additional consent from me.

The intent of this authorization is to give my consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, and any other financial statements and records wherever filed, as well as U.S. Veterans Administration records, employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings), and records of local, state and federal criminal justice agencies. I understand that permission is being given to the requesting entity to run additional background checks periodically without seeking additional consent from me.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be used in determining my suitability for D.O.R. employment or employment in a governmental position of trust. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Georgia Department of Revenue to be a participant in the determination process of such suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I understand that information obtained with this authorization may be subject to public disclosure pursuant to the Georgia Open Records Act (O.C.G.A. § 50-18-70 et seq.)

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this Authorization for Release of Personal Information Document.

Full Name Printed	Signature	
Street Address	Sex	Race
City/State	Date of Birth	
Social Security Number	Date	
I have lived in Georgia the past five years Yes or No If no, provide previous residence addresses	Name of spouse, if State of Georgia Income Tax was filed jointly (or name of parent if claimed as dependent on parent's return)	