



**Georgia Department of Revenue  
Motor Vehicle Division**

**Application for Salvage and Assembled Vehicle Inspection Location**

This application for a Salvage and Assembled Vehicle Inspection Location shall be completed and accepted by the Department of Revenue (DOR) prior to any activity related to salvage or assembled vehicle inspections.

**SECTION A - STATION LOCATION INFORMATION:**

\_\_\_\_\_  
BUSINESS NAME (CORPORATION, LLC, SOLE PROPRIETOR OR PARTNERSHIP) BUSINESS HOURS OF OPERATION

\_\_\_\_\_  
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE

\_\_\_\_\_  
BUSINESS PRIMARY PHONE NUMBER FAX NUMBER

\_\_\_\_\_  
POINT OF CONTACT FULL NAME PRIMARY PHONE NUMBER OR SECONDARY

\_\_\_\_\_  
MAILING ADDRESS, IF DIFFERENT CITY STATE ZIP CODE

**SECTION B- OWNERSHIP/RELATIONSHIP INFORMATION:**

**CORPORATIONS & LIMITED LIABILITY COMPANIES**

**LEGAL NAME OF BUSINESS:** \_\_\_\_\_

**LIST PRINCIPAL OFFICERS:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PCT: \_\_\_\_\_  
RESIDENCE ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PCT: \_\_\_\_\_  
RESIDENCE ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PCT: \_\_\_\_\_  
RESIDENCE ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

Registered Agent: \_\_\_\_\_

\_\_\_\_\_  
ADDRESS CITY STATE ZIP CODE TELEPHONE

**All Shareholders and percentage of ownership, including all minority interests, is required.**  
**You may photocopy this page and provide additional partners and interests.**



**Georgia Department of Revenue  
Motor Vehicle Division**

Application for Salvage and Assembled Vehicle Inspection Location

SOLE PROPRIETORSHIP or PARTNERSHIP

OWNER NAME: \_\_\_\_\_

RESIDENCE:

STREET (NOT A P.O. BOX)                      CITY                      STATE ZIP CODE                      TELEPHONE

**LIST ALL PARTNERS:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

RESIDENCE ADDRESS:

STREET (NOT A P.O. BOX)                      CITY                      STATE ZIP CODE                      TELEPHONE

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

RESIDENCE ADDRESS:

STREET (NOT A P.O. BOX)                      CITY                      STATE ZIP CODE                      TELEPHONE

**You may photocopy this page and provide all additional partners and interest holders.**

**SECTION C- STATION OPERATIONAL INFORMATION**

All questions must be answered:

Will permit salvage vehicle inspections at this location a minimum of two (2) days per week?    YES

Met all federal, state and local business requirements and permits?    YES

Working telephone, fax and internet connection?    YES

Indoor service bay?    YES

Safe and secure parking for customers?    YES     Indoor waiting area for customers?    YES

Is the location on a state road or highway that will permit the maximum load of any vehicle traveling to this location?    YES

*DOR is under no obligation to provide an inspector at this location and any schedule provided by DOR for a DOR employed salvage inspector is subject to change at any time. The station point of contact is responsible for keeping all potential vehicle owners informed of their respective location schedule.*

Employing Private Salvage Inspectors?    YES     NO  will contract with current Private Salvage Vehicle inspector?

- o Attach or forward Salvage Vehicle Inspector Application Form MV 175 with all attachments

**The Private Salvage Inspector information must be updated within 10 days and sent to DOR with each change.**

**SECTION D – ATTACHMENTS TO BE INCLUDED WITH THIS APPLICATION**

- Certificate of Insurance - \$1,000,000.00 aggregate / \$100,000 per occurrence
- Copy of State Tax Identification Registration Certificate
- DOR Salvage Vehicle Location Agreement
- Copy of Owner, all Partners and Corporate Officers Georgia Driver's License



# Georgia Department of Revenue Motor Vehicle Division

## Application for Salvage and Assembled Vehicle Inspection Location

I understand that the Georgia Department of Revenue may periodically check the tax and Georgia criminal history information at any time during my term without seeking additional consent from me. 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 for criminal history and tax records.

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 Department of Revenue registration in a 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.)

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.

Signature(s) of Individual, Partners (All Required), Authorized Corporate Officer	
Signature _____	DATE _____
Print Name _____	Position _____
Signature _____	DATE _____
Print Name _____	Position _____
<b>WITNESS:</b> _____	DATE _____
Signature _____	_____
Printed Name _____	Position _____

**Submit completed application, signed with all attachments to:**

**[mvinspector.application@dor.ga.gov](mailto:mvinspector.application@dor.ga.gov)**

**Check or Money Order \$250.00 Registration Fee will be required upon contract offer.**

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