



State Use Only

Username _____

Password _____

Department of Revenue - Motor Vehicle Division Dealer Internet Inquiry Registration Form

Name & Position of Person Authorized to Access Data on Your Dealership's Behalf:		
Your Dealership's Name:		
Your Dealership's Address Including City, State & Zip Code		
Dealership's 12-Digit MVD Issued Permanent ID #:		
Telephone Number Including Area Code:	Fax Number Including Area Code:	Authorized Agent's Internet E-mail Address:
By using the Department of Revenue's Motor Vehicle Division Internet Service, you are indicating your consent to the terms of the Agreement for Access to the Department of Revenue's Motor Vehicle Title and Tag Registration Database.		
Owner's Signature:	Owner's Printed/Typed Name:	Date:

This completed and signed form should be mailed, faxed, or emailed* to the following address:

Attention: Business Registration
Department of Revenue - Motor Vehicle Division
P. O. Box 740381
Atlanta, GA 30374-0381
Fax: 770-359-1819
business.registration@dor.ga.gov

Note: Please email*, fax, or mail us a letter at the above addresses when changes to the above information occur.

* - A mark of "X" in the signature box should be used on electronic transmittals.

Web Address: dor.georgia.gov

An Equal Opportunity Employer