



# Georgia Department of Revenue - Motor Vehicle Division Form MV-1S Motor Vehicle Salvage Title Application

For instructions on how to complete this form see page 2.



A VEHICLE INFORMATION
Vehicle ID (VIN): _____ Current Title #: _____ Year: _____ Make: _____ Current Title's State of Issue: _____ Color: _____ Model: _____ GA County of Residence: _____ Cylinders: _____ Body Style: _____ District #: _____ Fuel Type: _____ Odometer Exceptions: <input type="checkbox"/> EXEMPT <input type="checkbox"/> Exceeds Mechanical Limits of Odometer <input type="checkbox"/> Not the Actual Mileage, Warning Odometer Discrepancy Odometer Reading: _____ Date Purchased: _____
B OWNER INFORMATION
Number of Owners: _____ Leased Vehicle: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, complete Section D)</i> If purchased from an out-of-state business, did you pick up the vehicle out of state? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Owner's signature below warrants: I do solemnly swear or affirm under criminal penalty of a felony for fraudulent use of a false or fictitious name or address or for making a material false statement punishable by fine up to \$5,000 or by imprisonment of up to five years, or both that the statements contained herein are true and accurate.</i>
<b>OWNER # 1</b> Full Legal Name: _____ Driver's License #: _____ State: _____ Date of Birth: _____ E-mail Address: _____ Phone #: _____ Business Name: _____ Name of Agent: _____ Address: _____ Mailing Address: _____ <i>*Signature of Owner 1 or Business Agent:</i> _____ Date: _____
<b>OWNER # 2</b> Full Legal Name: _____ Driver's License #: _____ State: _____ Date of Birth: _____ E-mail Address: _____ Phone #: _____ Business Name: _____ Name of Agent: _____ Address: _____ Mailing Address: _____ <i>*Signature of Owner 2 or Business Agent:</i> _____ Date: _____
C SELLER INFORMATION
GA Dealer's/Bank's 12 Digit Customer ID # (If applicable): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Full Legal Name or Business Name: _____ Address: _____ If Georgia Seller, County Name: _____ Directly Financed Dealer Sale: <input type="checkbox"/> Yes <input type="checkbox"/> No
D SECURITY INTEREST OR LIENHOLDER INFORMATION - Attach any information on additional lienholders.
12-Digit ELT ID #: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Name: _____ Address: _____ 12-Digit ELT ID #: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Name: _____ Address: _____
E ATTORNEY-IN-FACT INFORMATION - Attach original Power of Attorney if title is to be mailed to attorney in fact.
Name: _____ Mailing Address: _____ Phone Number: _____ E-mail Address: _____

**Georgia Department of Revenue - Motor Vehicle Division**  
**Form MV-1S Motor Vehicle Salvage Title Application**  
**INSTRUCTION PAGE**

**Purpose of this form:** This form is to be used when applying for a salvage title and must be signed by all owners in Section B.

**How to submit this form:** This form must be completed in its entirety, legibly printed or typed, and submitted along with all required documents to the Department of Revenue (DOR). Please mail to DOR/Motor Vehicle Division, Attn: Salvage Unit, P. O. Box 740384, Atlanta, GA 30374-0384.

**A VEHICLE INFORMATION**

This section must be completed in its entirety. If you do not know the district in which you live, please check with your County Tag Office. Include all the requested information: vehicle identification number (VIN), make of vehicle, model of vehicle, current title number, current title's state of issue, Georgia county of residence, district number (if known), year of vehicle, color, cylinders of vehicle, body style, fuel type, and odometer information including whether exempt, exceeds mechanical limits, not actual mileage. Also include odometer reading and date purchased.

**B OWNER INFORMATION**

List the number of owners, whether the vehicle is leased, and if it was purchased out of state.

All owners listed on the title must sign this form. By signing this form you are agreeing to the following:

*\*Owner's signature below warrants: I do solemnly swear or affirm under criminal penalty of a felony for fraudulent use of a false or fictitious name or address or for making a material false statement punishable by fine up to \$5,000 or by imprisonment of up to five years, or both that the statements contained herein are true and accurate.*

**OWNER # 1**

For owner number one:

- If an individual, provide the full legal name, driver's license number, state of issuance, date of birth, e-mail address, telephone number, address, and mailing address (if applicable).
- If a business, provide the e-mail address, telephone number, business name, name of the signer, address, and mailing address (if applicable).
- Signature is required.

**OWNER # 2**

For owner number two:

- If an individual, provide the full legal name, driver's license number, state of issuance, date of birth, e-mail address, telephone number, address, and mailing address (if applicable).
- If a business, provide the e-mail address, telephone number, business name, name of the signer, address, and mailing address (if applicable).
- Signature is required.

**C SELLER INFORMATION**

Provide:

- Georgia dealer's or bank's 12-digit customer identification number (if applicable)
- Full legal name or business name and address
- Georgia county name (if applicable)
- Whether the vehicle was directly financed by the dealer

**D SECURITY INTEREST OR LIENHOLDER INFORMATION - Attach any information on additional lienholders.**

List the following for the first two security interest or lienholders (attach any additional lienholder information to this form):

- 12-digit customer identification number
- Name
- Address

**E ATTORNEY-IN-FACT INFORMATION - Attach original Power of Attorney if title is to be mailed to attorney in fact.**

If using a Power of Attorney, attach the Power of Attorney and fill in their:

- Name
- Mailing address
- Phone number
- Email address