



FOR COUNTY USE ONLY

Original Temporary Operating Permit No.:

Extension of Original Operating Permit No.:

MV-300 (Revised 5-2017) Web and MV Manual

Georgia Department of Revenue - Motor Vehicle Division Request for Cancellation of a Temporary Operating Permit



Purpose of this Form: This form is to be used by a vehicle owner to request the cancellation of a temporary operating permit. This form should not be used to request extension of a registration period.

Completing this Form: This form must be completed in its entirety, legibly printed in blue or black ink or typed.

Section A: Provide reason for cancellation of temporary operating permit.

Section B: Record the vehicle information for which cancellation of the temporary operating permit is being requested.

Section C: Complete the registrant(s) information. The street address block should contain the physical address of the registrant.

Section D: Certify that all statements are true and accurate.

How to submit this Form: Submit this completed form along with any required document(s) to the county tag office in the county where you reside. Please refer to <http://dor.georgia.gov> to locate the county tag office in your county of residence.

Required Document(s): You must submit the temporary operating permit you are requesting to have cancelled.

A REASON FOR CANCELLATION	
Check applicable box below:	
<input type="checkbox"/> Dealer replaced vehicle	<input type="checkbox"/> Vehicle wrecked or damaged by fire or flood
<input type="checkbox"/> Dealer purchased vehicle	<input type="checkbox"/> Vehicle stolen - <i>Submit Police Report</i>
<input type="checkbox"/> Dealer repossessed vehicle	<input type="checkbox"/> Seller could not obtain title
<input type="checkbox"/> Resold vehicle	
<input type="checkbox"/> Other: _____	
B VEHICLE INFORMATION	
Vehicle Identification No. (VIN):	<input style="width:100%;" type="text"/>
Year: <input style="width:50px;" type="text"/>	Make: <input style="width:150px;" type="text"/> Model: <input style="width:150px;" type="text"/>
Body Style: <input style="width:100px;" type="text"/>	Color: <input style="width:100px;" type="text"/> Cylinders: <input style="width:50px;" type="text"/> Fuel Type: <input style="width:100px;" type="text"/>
Date Purchased: <input style="width:50px;" type="text"/> / <input style="width:50px;" type="text"/> / <input style="width:50px;" type="text"/>	Odometer Reading: <input style="width:100px;" type="text"/>
<input type="checkbox"/> Odometer reading is actual miles unless you check one of the following boxes: <input type="checkbox"/> Exempt <input type="checkbox"/> Exceeds Mechanical Limits of Odometer <input type="checkbox"/> Not the Actual Mileage, Warning odometer discrepancy!	
Current Title No.:	<input style="width:100%;" type="text"/> State of Issue: <input style="width:50px;" type="text"/>
Check all that apply: Vehicle was purchased <input type="checkbox"/> New or <input type="checkbox"/> Used from <input type="checkbox"/> Dealer <input type="checkbox"/> Individual or <input type="checkbox"/> Other Source	
Seller/Transferor's Full Legal Name:	<input style="width:100%;" type="text"/> <input style="width:100px;" type="text"/> GA Dealer's 12 Digit Customer ID No.:
Mailing Address:	<input style="width:100%;" type="text"/>
City:	State: <input style="width:50px;" type="text"/> ZIP Code: <input style="width:100px;" type="text"/> Telephone No.: <input style="width:100px;" type="text"/>
C OWNER INFORMATION	
Primary Owner's Full Legal Name:	<input style="width:100%;" type="text"/> <input style="width:100px;" type="text"/> Identification No.:
Mailing Address:	<input style="width:100%;" type="text"/>
City:	State: <input style="width:50px;" type="text"/> ZIP Code: <input style="width:100px;" type="text"/> Telephone No.: <input style="width:100px;" type="text"/>
Secondary Owner's Full Legal Name:	<input style="width:100%;" type="text"/> <input style="width:100px;" type="text"/> Identification No.:
Mailing Address:	<input style="width:100%;" type="text"/>
City:	State: <input style="width:50px;" type="text"/> ZIP Code: <input style="width:100px;" type="text"/> Telephone No.: <input style="width:100px;" type="text"/>
D CERTIFICATION	
<p>Pursuant to O.C.G.A § 16-10-71, Any person making a false affidavit or affirmation as to any matter contained in this affidavit, or forging or causing this affidavit to be forged, shall be guilty of a felony and subject to a fine not to exceed \$1,000 or imprisonment for not less than one (1) year and not more than five (5) years, or both.</p>	
Primary Owner's Signature:	<input style="width:100%;" type="text"/> <input style="width:50px;" type="text"/> Date: <input style="width:50px;" type="text"/> / <input style="width:50px;" type="text"/> / <input style="width:50px;" type="text"/>
Secondary Owner's Signature:	<input style="width:100%;" type="text"/> <input style="width:50px;" type="text"/> Date: <input style="width:50px;" type="text"/> / <input style="width:50px;" type="text"/> / <input style="width:50px;" type="text"/>