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Original Temporary Operating Permit No.:

Extension of Original Operating Permit No.:



## 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 <a href="http://dor.georgia.gov">http://dor.georgia.gov</a> 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.

Δ **REASON FOR CANCELLATION** Check applicable box below: [ ] Dealer replaced vehicle [ ] Vehicle wrecked or damaged by fire or flood [ ] Resold vehicle [ ] Dealer purchased vehicle [ ] Vehicle stolen - Submit Police Report [] Other: [ ] Seller could not obtain title [ ] Dealer repossessed vehicle R **VEHICLE INFORMATION** Vehicle Identification No. (VIN): Year: Make: Model: **Body Style:** Color: Cylinders: Fuel Type: Exempt Odometer reading is actual **Date Purchased:** 1 **Odometer Reading:** miles unless you check one 1 Exceeds Mechanical Limits of Odometer of the following boxes: □ Not the Actual Mileage, Warning odo discrepancy! **Current Title No.:** State of Issue: Check all that apply: Vehicle was purchased [] New or [] Used from [] Dealer [] Individual or [] Other Source Full Legal Name (First, Middle Initial, Last, Suffix) / Business Name / Leasing Company Name Seller/Transferor's GA Dealer's 12 Digit Full Legal Name: **Customer ID No.:** Street Name Apt/Suite No. Street No. Mailing Address: City: ZIP Code: State: **Telephone No.:** C **OWNER INFORMATION** Full Legal Name (First, Middle Initial, Last, Suffix) / Business Name / Leasing Company Name Driver's License No. (If individual) / Sales Tax No. (If business) **Primary Owner's Identification No.:** Full Legal Name: Street Name Apt/Suite No Street No Mailing Address: City: State: ZIP Code: Telephone No.: Full Legal Name (First, Middle Initial, Last, Suffix) / Business Name / Leasing Company Name Driver's License No. (If individual) / Sales Tax No. (If business) Secondary Owner's **Identification No.:** Full Legal Name: Apt/Suite No Street No Street Name Mailing Address: City: State: ZIP Code: **Telephone No.:** CERTIFICATION D 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. Primary Owner's Signature: Date: Secondary Owner's Signature: Date:

Have a question? Visit our website at http://dor.georgia.gov/motor-vehicles or scan the QR code above for more information.