

## Georgia Department of Revenue - Motor Vehicle Division Dealer, Distributor, Manufacturer & Transporter Application to Authorize, Add, or Delete Agents



Purpose of this form: This form is to be used by a business owner or executive officer to authorize, add, or delete agents or representatives of the business.

Completing this form: This form must be completed in its entirety, legibly printed in blue or black ink or typed. Any correction or alteration will void this form.

Section A: Record the business information. If the business is new, only provide the business name, doing business as, e-mail address and telephone number.

Section B: Provide the name and position of each agent to be authorized or deleted. Authorized agents must sign and date this form.

**Section C:** Certify that all statements contained in this form are true and accurate.

How to submit this form: Submit this completed form along with all required documents to the Business Registration Unit of the Motor Vehicle Division. Please mail to DOR/Motor Vehicle Division, Attn: Business Registration Unit, P.O. Box 740382, Atlanta, GA 30374-0382 or e-mail to <a href="mailto:business.registration@dor.ga.gov">business.registration@dor.ga.gov</a>

Required document(s): You are requi	red to submit copies of each auth	norized agent's Georgia dr	iver's license or Georgia identification	on card.
A BUSINESS INFORMATION				
Permanent 12-Digit Customer ID No.:			Current Master Plate No.:	
Business Name:				
Doing Business As:				
E-mail Address:			Telephone No.: Publicly listed, no cell phone number	
B AUTHORIZE / ADD / DELETE A	GENTS - Complete additional	MV-6A forms as necessa	ary.	
<b>Authorized / Add Agents -</b> Record a or job titles with the business.	uthorized agents' full legal name	s as shown on their valid (	Georgia driver's licenses or Georgia	ID cards and their positions
AUTHORIZED AGENT'S PRINTED NAME	AUTHORIZEI SIGNAT		AUTHORIZED AGENT'S POSITION OR JOB TITLE	DATE
Delete Agents - Record the name of agents no longer authorized to act as agents or representatives of the business.				
AUTHORIZED AGENT'S PRINTED NAME			HORIZED AGENT'S FION OR JOB TITLE	DATE DELETED
C CERTIFICATION				
I do solemnly swear, affirm or certify under criminal penalty of a felony for fraudulent use of a false or fictitious name or address or making a material false statement punishable by a fine of up to \$5,000 or by imprisonment of up to five (5) years, or both, that statements contained on documents submitted by me are true and accurate. I also swear, affirm or certify that I am the authorized agent to sign for the business listed above, and shall comply with all state laws, rules and regulations pertaining to these plates.				
Business Owner's or Executive Officer's Printed Name:				
Business Owner's or Executive Officer's Signature:			Date:	1 1

Customer ID Number _	
Registration Year	

## O.C.G.A. § 50-36-1(e) (2) Affidavit

By executing this affidavit under oath, as an applicant for:
(Check all that apply.)
Motor Vehicle Dealer, Distributor, Manufacturer, or Transporter Tag
Motor Vehicle Temporary Site Permit
Out of State Recreational Vehicle Franchise Dealer Permit
as referenced in O.C.G.A § 50-36-1, from the Georgia Department of Revenue, the undersigned applicant verifies one of the following with respect to my application for a public benefit:
1) I am a United States citizen.
2) I am a legal permanent resident of the United States.
3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.
My alien number issued by the Department of Homeland Security or other federal immigration agency is:
The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit.  The secure and verifiable document provided with this affidavit can best be classified as:
In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.
Executed in(city),(state)
Signature of Applicant Printed Name of Applicant
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
DAY OF, 20
NOTARY PUBLIC

My Commission Expires: