



DOR USE ONLY

Permanent (12) Digit Customer ID No.:

MV-6D (Revised 3-2021)
Web and MV Manual

Georgia Department of Revenue - Motor Vehicle Division
Application for Transporter License Plates

ANY CORRECTION OR ALTERATION WILL VOID THIS FORM



Purpose of this Form: This form is to be used by a business owner or executive officer to request the manufacture of Transporter license plates.

How to submit this Form: This form must be completed in its entirety, legibly printed or typed, and submitted along with all required documents and fees to the Business Registration Unit of the Motor Vehicle Division. Please mail this completed form to Attn: Business Registration Unit, Department of Revenue/Motor Vehicle Division, P.O. Box 740382, Atlanta, GA 30374-0382.

Required Document(s): You are required to submit documents supporting State and Federal identification numbers and licenses; a Certificate of Motor Carrier Insurance Policy; photos of business and signage; copy of land line telephone bill; list of current employees and contractors; and copies of current employees and contractors driver's license.

A BUSINESS INFORMATION

Business Name: [] Telephone No.: []
Business Owner's Full Legal Name: []
Business Address: []

Georgia Tax Identification No.: [] Federal Employee Identification No. (FEIN): []
Georgia Business or Occupational License No.: [] USDOT No.: []

Contact information for the person responsible for maintaining records will be used by the Department of Revenue Office of Special Investigations as contact for review of records.
Contact Person's Name: [] Telephone No.: []

B LICENSE PLATE REQUEST

Transporter License Plate Limited Uses:
1. To facilitate the delivery of new or used motor vehicles, trucks, trailers, or buses between manufacturers, distributors, dealers, sellers, or purchasers;
2. To move a mobile office, a mobile classroom, a mobile or manufactured home, or house trailer;
3. To drive a motor vehicle or pull a trailer that is part of the inventory of a dealer to and from a motor vehicle or trailer trade show or exhibition or to, during, and from a parade in which the motor vehicle or trailer is used; or
4. To drive special mobile equipment from the manufacturer of the equipment to a facility of a dealer; or from one facility of a dealer to another facility of a dealer.
5. To transport vehicles from or to the State of Georgia.
By completing this form, the business is certifying its understanding of the limited uses for a Transporter license plate and its intention to report as requested to the department a vehicle movement log which contains at least the following information:
1. Vehicle type and description to include year, make, model and vehicle identification number (VIN);
2. Full name of vehicle operator to include their driver's license number and residence address;
3. The location the vehicle was first operated;
4. The destination of the vehicle;
5. The authorized purpose listed under code section 40-2-38.1.

CALCULATE TOTAL DUE:
MASTER PLATE + ADDITIONAL PLATES + MAILING FEE = TOTAL DUE
1 X \$62.00 = \$
of Plates X \$12.00 = \$
of Plates = \$

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 company listed above, and shall comply with all state laws, rules and regulations pertaining to these tags.

Business Owner or Executive Officer Name: [] Signature: [] Date: [/ /]
Witness Name and Title: [] Signature: [] Date: [/ /]

INSTRUCTIONS
How to complete the MV-6D Form

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: Complete the business information. The telephone number must be a publicly listed Georgia telephone number; cell phones are not acceptable. The business address block should contain the physical address of the business.

Section B: Enter the number of additional plates to be manufactured, if needed, and calculate the total due. The Department's cost to mail must be included in the total due if the plates are to be mailed to the address recorded in Section A.

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

REQUIRED DOCUMENT(S)

The following documents are required:

- Georgia Tax Identification Number
- Georgia Business or Occupational License Number
- Federal Employer Identification Number
- USDOT Number
- Certificate of Motor Carrier Insurance Policy
- Photos of business and signage
- Copy of land line telephone bill
- List of current employees and contractors
- Copies of current employees and contractors driver's license

FEE(S)

The following fees may apply:

LICENSE PLATE FEES

Plate Type	Master One per business	Additional One per employee
Fees	\$62.00	\$12.00

MAILING FEES*

# of Plates	1	2	3	4-6	7-9	10-15	16-20	21-25	26 or more
Fees	\$1.00	\$2.00	\$2.50	\$5.50	\$6.00	\$6.25	\$6.50	\$6.75	\$7.00

* If you choose to pick up your plates, the mailing fees should **not** be included with the payment of the plates. You will be contacted after the plates and registration are processed to schedule a date and time for pick up.

SUBMITTING this FORM

This completed form must be submitted to the Business Registration Unit of the Motor Vehicle Division. Please either mail to the address below or drop-off during business hours at the Motor Vehicle Division Lobby.

MAIL TO	DROP-OFF
ATTN: Business Registrations Unit Department of Revenue/Motor Vehicle Division P.O. Box 740382 Atlanta, GA 30374-0382	Motor Vehicle Division Lobby 4125 Welcome All Road Atlanta, GA 3034 Business Hours: 7:30 AM – 4:30 PM

Email questions, concerns, and/or correspondence to business.registration@dor.ga.gov.

IMPORTANT INFORMATION

An applicant may only obtain three (3) plates, i.e., one (1) master plate and two (2) additional plates, without completing a MV-6B Dealer, Distributor, Manufacturer or Transporter Application for Additional Tags certifying the number of vehicles that applicant transported during the previous calendar year based on its business records. When recording an actual number, the "Actual Number" box must be checked.

The Department has the right to limit the number of additional plates issued when the numbers certified on the MV-6B Dealer, Distributor, Manufacturer or Transporter Application for Additional Tags differs from the Department's records or investigative findings. The Department may request additional documents to validate the need for additional plates.

All trips using Transporter plates must originate or end in the state of Georgia.



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: