



# Georgia Department of Revenue - Motor Vehicle Division Report and/or Surrender of Georgia License Plate



**Purpose of this form:** This form is used to report and/or surrender a Georgia license plate.

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

**Section A:** Complete the license plate and vehicle information.

**Section B:** Provide reasons for report and/or surrender of license plate.

**Section C:** Record the name, mailing address and telephone number of the business or individual reporting and/or surrendering the license plate. If individual, provide first name, middle initial, last name, and suffix (if applicable). Complete the form with signature and date. If the person completing this form is an authorized agent of a business, please provide full legal name and position/job title.

**How to submit this form:** Submit this completed form to your local county tag office or the Georgia Department of Revenue - Motor Vehicle Division. Please note that submission of this form does not constitute proof that ad valorem taxes have been paid.

**County Tag Office:** Please refer to <https://dor.georgia.gov/motor-vehicles> to locate a county tag office in your county of residence.

**Georgia Department of Revenue - Motor Vehicle Division:** Mail to Attn: Surrendered License Plate, DOR/Motor Vehicle Division, P.O. Box 740382, Atlanta, Georgia 30374-0382 or drop off in the MVD Drop-Off Box located at 4125 Welcome All Road, Atlanta, Georgia 30349.

**Required document:** The license plate must be submitted with this form to the county tag office or destroyed by the insurance company.

**General information:** Copies should be distributed and/or retained by business/agent for submission of subsequent title and tag application. The Motor Vehicle Division will not make copies of this completed form.

|   |   |   |                      |
|---|---|---|----------------------|
| <b>A</b>  | <b>LICENSE PLATE AND VEHICLE INFORMATION</b> Do not surrender special or prestige license plates. |   |                      |
| License Plate No.:  | <input type="text"/>  | Year Issued:  | <input type="text"/> |
|   | <input type="text"/>  |   | <input type="text"/> |
| Decal Year:   | <input type="text"/>  |   |                      |
| Vehicle Identification No. (VIN):   | <input type="text"/>  |   |                      |
| Year:   | <input type="text"/>  | Make:   | <input type="text"/> |
|   | <input type="text"/>  | Model:  | <input type="text"/> |
| <b>B</b>  | <b>REASON FOR REPORT AND/OR SURRENDER OF LICENSE PLATE</b>  |   |                      |
| <b>Reason for Report:</b> Check applicable box.   |   | <b>Reason(s) for Surrender:</b> O.C.G.A. § 40-2-20 requires that a license plate be surrendered when a certificate of registration is not available for certain vehicles. Check applicable boxes. |                      |
| <input type="checkbox"/> The license plate for the vehicle described in this form was surrendered for the reasons indicated. <i>Check applicable boxes</i> ↔                              |   | <input type="checkbox"/> Court order or involuntary transfer  |                      |
| <input type="checkbox"/> No license plate was on the vehicle described in this form for the reasons indicated. <i>Check applicable boxes</i> ↔  |   | <input type="checkbox"/> Repossession   |                      |
| <input type="checkbox"/> The license plate is unclaimed by owner; therefore, it is surrendered for cancellation.<br>Date of Surrender/Report: _____                                       |   | <input type="checkbox"/> Salvage (If vehicle owner retains salvage vehicle, owner must surrender license plate.)  |                      |
|   |   | <input type="checkbox"/> Abandoned/Derelict   |                      |
| <b>C</b>  | <b>BUSINESS OR INDIVIDUAL REPORTING AND/OR SURRENDERING LICENSE PLATE</b>                         |   |                      |
| Business's / Individual's Full Legal Name:  | <input type="text"/>  |   |                      |
| Mailing Address:  | <input type="text"/>  |   |                      |
| City:   | State:  | ZIP Code:   | Telephone No.:       |
| <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/> |
| I hereby submit this completed form to the: <input type="checkbox"/> <u>County Name</u> County Tag Office <input type="checkbox"/> Georgia Department of Revenue - Motor Vehicle Division |   |   |                      |
| Authorized Agent's / Individual's Signature:  | <input type="text"/>  | Date:   | <input type="text"/> |
| Authorized Agent's Full Legal Name:   | <input type="text"/>  | Position/Job Title:   | <input type="text"/> |
| <b>E</b>  | <b>COUNTY ACKNOWLEDGEMENT OF RECEIPT</b>  |   |                      |
| A county tag agent or authorized employee must complete this section when this form and license plate are surrendered to a county tag office.   |   |   |                      |
| License Plate No.:  | <input type="text"/>  | Date Received:  | <input type="text"/> |
|   | <input type="text"/>  |   | <input type="text"/> |
| County Tag Agent / Authorized Employee Signature:   | <input type="text"/>  |   |                      |