



Georgia Department of Revenue - Motor Vehicle Division Application to Extend the Initial Registration Period

ANY CORRECTION OR ALTERATION WILL VOID THIS AFFIDAVIT



Purpose of this Affidavit: This affidavit should be used by a vehicle transferor or transferee to request an extension of the initial registration period for a motor vehicle for which the transferor or lienholder has not delivered the title to the transferee. This form should be submitted no sooner than five (5) business days prior to the expiration of the original temporary operating permit (license plate).

How to submit this Affidavit: This affidavit must be completed in its entirety, legibly printed in blue or black ink or typed, and submitted along with the required document to the county tag office in the county where the transferee resides. Please refer to <http://dor.georgia.gov/motor-vehicles> to locate the county tag office in the transferee's county of residence.

Required Document: Copy of the motor vehicle bill of sale or dealer's invoice.

A OWNER INFORMATION																				
Primary Owner's Full Legal Name:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">First Name</td> <td style="width: 20%;">Middle Initial</td> <td style="width: 30%;">Last Name</td> <td style="width: 20%;">Suffix</td> </tr> </table>	First Name	Middle Initial	Last Name	Suffix															
First Name	Middle Initial	Last Name	Suffix																	
Residence Address:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Street No.</td> <td style="width: 65%;">Street Name</td> <td style="width: 15%;">Apt/Suite No.</td> </tr> </table>	Street No.	Street Name	Apt/Suite No.																
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City:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">City</td> <td style="width: 10%;">State</td> <td style="width: 15%;">ZIP Code</td> <td style="width: 15%;">Telephone No.:</td> <td style="width: 35%;"></td> </tr> </table>	City	State	ZIP Code	Telephone No.:															
City	State	ZIP Code	Telephone No.:																	
B VEHICLE INFORMATION																				
Vehicle Identification No. (VIN):	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>																			
Year:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Year</td> <td style="width: 35%;">Make</td> <td style="width: 50%;">Model</td> </tr> </table>	Year	Make	Model																
Year	Make	Model																		
Seller/Transferor's Full Legal Name:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Full Legal Name (First, Middle Initial, Last, Suffix) / Business Name / Leasing Company Name</td> <td style="width: 30%;">City and State</td> </tr> </table>	Full Legal Name (First, Middle Initial, Last, Suffix) / Business Name / Leasing Company Name	City and State																	
Full Legal Name (First, Middle Initial, Last, Suffix) / Business Name / Leasing Company Name	City and State																			
	Purchase Date: / /																			
C SWORN STATEMENT																				
<p>I/We, the transferor or transferee request that _____ County Tag Agent extend the initial registration period for this vehicle and issue a County Tag Agent temporary operating permit to expire thirty (30) days from issuance.</p> <p>I/We also acknowledge and understand that any false statement submitted is punishable under the law and may result in a denial of my/our request.</p>																				
Transferor's or Transferee's Printed Name:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%;">Title:</td> </tr> </table>		Title:																	
	Title:																			
Transferor's or Transferee's Signature:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%;">Date: / /</td> </tr> </table>		Date: / /																	
	Date: / /																			
D NOTARY PUBLIC ACKNOWLEDGMENT																				
Sworn to and subscribed before me this	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;">day of</td> <td style="width: 30%;">Month</td> <td style="width: 15%;">Year</td> <td style="width: 25%;"></td> </tr> </table>		day of	Month	Year															
	day of	Month	Year																	
Notary Public's Full Legal Name:																				
Physical Address:																				
E-mail Address:	Telephone No.:																			
Signature of Notary Public:	Commission Expires: / /																			

INSTRUCTIONS
How to complete the T-226 Form

COMPLETING this AFFIDAVIT

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

1. Record the registrant(s) information. The mailing address block should contain the physical address of the registrant.
2. Record the vehicle information for which the temporary operation permit is issued.
3. Certify that the information contained in this affidavit is true and accurate. Signature must be notarized.

REQUIRED DOCUMENT(S)

The following document is required: Copy of the motor vehicle bill of sale or dealer's invoice.

SUBMITTING this AFFIDAVIT

This affidavit must be submitted along with all required documents to the county tag office in the transferee's county of residence. Please refer to <http://dor.georgia.gov> to locate the county tag office in the transferee's county of residence.

IMPORTANT INFORMATION

This affidavit should be submitted no sooner than five (5) business days prior to the expiration of the original temporary operating permit.

