



Georgia Department of Revenue - Motor Vehicle Division

Manufactured Home Certification of Inspection by a Georgia County Tax Commissioner



This form must be completed by a Georgia Tax Commissioner or authorized agent of the Tax Commissioner, then submitted to the county tax office by the manufactured home owner. Please refer to <https://dor.georgia.gov/motor-vehicles> to locate the county tax office in your county of residence.

Purpose of this form: This form is to be used by a Georgia Tax Commissioner to certify inspection of a manufactured home.

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

Section A: Record the inspection information.

Section B: Record the full legal name, driver's license number, mailing address and telephone number of the manufactured home owner.

Section C: Complete the Tax Commissioner's certification with signature and date.

A MANUFACTURED HOME INSPECTION

Public Vehicle Identification No. (PVIN):
Visible: Yes No Missing

Year: **Make:** **Model:**

Size: **Last Known Title No.:**

Location or Map / Parcel No.:

Supporting Documentation Establishing Ownership of the Applicant:

Check applicable box: Certificate of Title
 PT-41/Tax Statement
 Manufacturer's Statement of Origin

If no Certificate of Title, describe documents presented:

B OWNER INFORMATION

Manufactured Home Owner's Full Legal Name: First, Middle Initial, Last, Suffix **Driver's License No.:**

Mailing Address: Street No. Street Name Apt./Suite No.

City: **State:** **ZIP Code:** **Telephone No.:**

C CERTIFICATION OF TAX COMMISSIONER

County Name:

Office Address: Street No. Street Name Apt./Suite No.

City: **State:** **ZIP Code:** **Telephone No.:**

The signature of the Tax Commissioner and/or authorized agent examining this manufactured home certifies that said officer completed this form under the penalty of false swearing (O.C.G.A. § 16-10-71).

Tax Commissioner's Printed Name:

Telephone No.: **Signature:** **Date:**

Authorized Agent's Printed Name: **Position/ Title:**

Telephone No.: **Signature:** **Date:**