

## Georgia Department of Revenue - Motor Vehicle Division Request for an inspection of a Rebuilt Motor Vehicle



T-22R (Revised 09/2023) Web and MV Manual

Purpose of this form: This form is to be used to request an inspection of a rebuilt motor vehicle.

## How to submit this form:

- If using a state inspector, include a check, money order, or certified funds made payable to the Department of Revenue in the amount of \$118. This amount covers the inspection and title fees. Submit to the address below.
- If using a private inspector, submit this completed form to the inspector at the time of inspection.

Please refer to https://dor.georgia.gov/titles-rebuilt-or-restored-vehicles for additional information on the rebuilt registration process.

It is the applicant's responsibility to tow, not drive, the vehicle to the inspection location.

Α	To request an inspection of a rebuilt Motor Vehicle (choose one):			
	<ul> <li>Private Inspector</li> <li>Generally completed same day</li> <li>Take this form to the inspection appointment</li> <li>Be prepared to pay the inspector \$100 inspection fee</li> <li>If this vehicle currently has an out-of-state rebuilt title, the title may be applied for at your local county tag office instead of mailing the documents to the Motor Vehicle Division</li> </ul>	pm Monday through Frida	during the hours of 8:00 am to 4:30 y, excluding state holidays cation, the Department's state	
Fees due to the Department of Revenue: \$18 title fee if vehicle passed private inspection; \$118 if requesting state inspector (including title fee).				
*Additional fee if applicable: \$50 for assembled vehicle - \$25 for motorcycle				
 If th	Mail this completed form, payment, and all applicable documentation to: DOR/Motor Vehicle Division Attn: Salvage Unit P. O. Box 740384 Atlanta, GA 30374-0384 If this vehicle is eligible for a Georgia title, passes inspection, and all applicable documents with fees have been submitted, please process the			
issuance of a certificate of title.				
B VEHICLE INFORMATION				
Ye	ar & Make of Vehicle:	Vehicle Identification Number (VIN):		
С	OWNER INFORMATION	D VEHICLE LOCATION		
Vehicle Owner's Name(s):		Vehicle Location (Residence or Business Name)		
Street Address:		Street Address		
City, State, ZIP:		City, State, ZIP:		
Е	GEORGIA TAX NUMBERS	F CONTACT INFORMATION		
Sales Tax ID Number (if applicable)		Person to contact regarding inspection:		
With	holding Tax Number (if applicable)	Work Phone:	Cell Phone:	
G AGREEMENT				
I understand that a \$100 inspection fee must be paid each time the vehicle is inspected or re-inspected. I also understand that there is an \$18 title fee for processing this application once the vehicle passes inspection (additional fee for assembled vehicle \$50 – motorcycle \$25).				
Signature:		Date:		