



Georgia Department of Revenue - Motor Vehicle Division International Registration Plan (IRP) Service Provider Application - Schedule S



Purpose of this form: This form is to be used by a service provider to register with the Georgia Department of Revenue (DOR).

Completing this form: This form must be completed in its entirety, legibly printed in blue or black ink or typed. Record the service provider's information and certify before a commissioned notary public that you understand the State of Georgia requirements for being a service provider.

How to submit this form: Submit this completed form along with all required documents to the DOR/Motor Vehicle Division's Commercial Registration Unit at commercial.vehicles@dor.ga.gov.

Required document: A copy of the service provider's bond certificate showing the bond amount (minimum of \$50,000) and bond number.

A SERVICE PROVIDER INFORMATION

Service Provider's Full Legal Name:	<input type="text"/>	TIN:	<input type="text"/>												
Business Address:	<table border="1"> <tr> <td>Street No.</td> <td>Street Name</td> <td>Apt./Suite No.</td> <td>City</td> <td>State</td> <td>ZIP Code</td> </tr> <tr> <td colspan="6"><input type="text"/></td> </tr> </table>			Street No.	Street Name	Apt./Suite No.	City	State	ZIP Code	<input type="text"/>					
Street No.	Street Name	Apt./Suite No.	City	State	ZIP Code										
<input type="text"/>															
Mailing Address:	<table border="1"> <tr> <td>Street No.</td> <td>Street Name</td> <td>Apt./Suite No.</td> <td>City</td> <td>State</td> <td>ZIP Code</td> </tr> <tr> <td colspan="6"><input type="text"/></td> </tr> </table>			Street No.	Street Name	Apt./Suite No.	City	State	ZIP Code	<input type="text"/>					
Street No.	Street Name	Apt./Suite No.	City	State	ZIP Code										
<input type="text"/>															
Contact Person's Name:	<input type="text"/>														
E-mail Address:	<input type="text"/>	Telephone No.:	<input type="text"/>												
		Fax No.:	<input type="text"/>												

B CERTIFICATION

By completing this form, the applicant certifies that he/she understands it is a State of Georgia Commercial Registrations business requirement that service providers:

1. File/submit all documents and applications to the State of Georgia via available online electronic registration systems provided by the State of Georgia.
2. Have on file or submit proof of a valid, current surety bond (minimum of \$50,000) prior to completion of any commercial registration transactions in the State of Georgia. The surety bond must show bond number, notary seal, and effective date.
3. Maintain current business information at all times and, in instances requiring changes and/or edits, notify the Commercial Registration Unit within 30 days of any changes to mailing address, e-mail address, name, phone number, or surety bond status.

Furthermore, the applicant acknowledges that he/she must provide an executed power of attorney (POA) form in order to conduct business transactions on behalf of a commercial registration business account.

Printed Name of Applicant for Service Provider:	<input type="text"/>		
Signature of Applicant for Service Provider:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>

C NOTARY PUBLIC ACKNOWLEDGEMENT

Personally appearing before me, the undersigned officer, duly authorized by law to administer oaths, comes the applicant named in Section B, who being duly sworn, states that of his/her own personal knowledge, the information contained herein is true and correct.

Sworn to and subscribed before me this	<input type="text"/>	day of	<input type="text"/>	<small>Month</small>	<input type="text"/>	<small>Year</small>	<input type="text"/>	Notary Seal or Stamp
Notary Public's Full Legal Name:	<input type="text"/>							
Physical Address:	<input type="text"/>							
E-mail Address:	<input type="text"/>	Telephone No.:	<input type="text"/>					
Signature of Notary Public:	<input type="text"/>	Commission Expires:	<input type="text"/>	/	/			