

Claimant's Designated Representative (CDR) Registration Form and Instructions

This form is for entities registering as Claimant's Designated Representatives with the Georgia Unclaimed Property Program.

INSTRUCTIONS FOR FORM UP-CDR1

PLEASE TYPE OR PRINT YOUR APPLICATION.

SECTION 1: CDR REGISTRANT INFORMATION

ITEM 1- Enter the full legal name of the Registrant. This will be the full business name if a business, or the full legal name if an individual.

ITEM 2- List any trade names or any other names the registrant has done business as.

ITEM 3- Enter the registrant's FEIN number, if the registrant is an individual enter their Social Security Number.

ITEM 4- If the registrant is a publicly traded company enter their Ticker Symbol and DUNS number. Otherwise enter N/A.

ITEM 5- If the Registrant has previously registered as a CDR check yes, otherwise check no.

ITEM 6- Enter the mailing address of the Registrant's Principal Place of business.

ITEM 7- If the registrant's principal place of business is not in Georgia and they maintain an office in Georgia, check Yes and enter the Georgia Address. Otherwise check No.

ITEM 8- If incorporated, enter your state of corporate formation otherwise enter N/A.

ITEM 9- Enter your business type: Corporation; Limited Liability Company, Sole Proprietor, etc.

ITEMS 10-12 Enter the name, telephone number, and contact email of the registrant's primary contact.

Please note: The primary contact will receive all emails concerning the registration account including status updates, the Registrant's Identification Number, and instructions for accessing the Owner Database. If the Registrant is also the primary contact, they will need to enter their information in these fields.

SECTION 2: REGISTRANT RESPONSIBILITY ASSESSMENT:

ITEMS 13-19 Answer each one of the Registrant Responsibility Assessment Questions and provide any additional information requested.

SECTION 3: EMPLOYEE OR AGENT INFORMATION:

Enter the name, Social Security Number, and contact information for each employee/agent who will be submitting claims under the Registrant Account. There is no limit to the number of employees/agents a Registrant may have. Attach additional pages as necessary to include all employees/agents you wish to submit claims. Each employee/agent must pass a background check performed by a PBSA-certified screener before they will be allowed to submit claims. Background checks must be submitted directly via email to unclaimedpropertybackgrounds@dor.ga.gov. In addition, you must provide a legible copy of the front and back of the driver's license for each agent or employee.

Please Note: Registrants must have at least one employee/agent who has passed a background check. If the Registrant or principal contact will be submitting claims they must be listed as agents and pass a background check performed by a PBSA-certified screener.

Georgia Department of Revenue
UCP – Claimant's Designated Representative (CDR) Registration

Section 1 • CDR Registrant Information.
Provide business information unless you are registering to be a CDR in your individual capacity.

1. Full Legal Name	2. Trade Names, D/B/A names, or other business name, if any.
3. Federal Employer Identification Number (FEIN) (Social Security Number for individuals)	4. If publicly traded, please provide CIK Code/Ticker symbol. Provide DUNS number, if any.

5. Have you or your business previously registered with the GA Dept of Revenue as a CDR? ☐ YES ☐ NO

6. Address of Principal Place of Business/Mailing Address

7. If Registrant's principal place of business is not in the State of Georgia, does Registrant maintain an office in Georgia? If yes please provide Georgia Address ☐ YES ☐ NO

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8. State of Corporate Formation (If incorporated, you must provide proof of formation and proof of registration with Georgia Secretary of State)	9. Corporate form (Corporation; Limited Liability Company (LLC/PLLC); Partnership (LLP, LP, or General); Sole Proprietor; Other (explain)).

10. Primary Contact Name	11. Primary Contact Telephone Number	12. Primary Contact Email Address

Section 2 Registrant Responsibility Assessment. Provide responses to the questions below. For any "yes" responses, provide explanation on an attached sheet.

Has Registrant (or a subsidiary):

13. Been involved as a plaintiff or defendant in a lawsuit with a state or any state agency within the last five (5) years?

☐ YES ☐ NO

14. Been the subject of an investigation, indictment, grant of immunity, judgment, or conviction (including entering into a plea bargain) for conduct constituting a crime involving dishonesty, deceit, or fraud within the last twenty (20) years? If yes, explain the circumstances and outcome.

☐ YES ☐ NO

15. Been accused of a breach of fiduciary duty in any civil or administrative proceeding within the last twenty (20) years? If yes, explain the circumstances and outcome of the proceeding.

☐ YES ☐ NO

16. Filed for bankruptcy protection in any state within the last seven (7) years?

☐ YES ☐ NO

17. Had a data breach impacting personal, financial, or confidential information impacting 250 or more individuals within the last seven (7) years?

☐ YES ☐ NO

18. Been the subject of any lien or judgement in excess of $50,000 within the last seven (7) years? ☐ YES ☐ NO
19. Had any liquidated damages assessed in excess of $25,000 within the last seven (7) years? ☐ YES ☐ NO

Section 3 • Employee or Agent Information. List all employees or agents authorized to submit unclaimed property claims under registrant's account. Attach an additional page if necessary. Format with last name, first name.

Employee or Agent # 1	
Full Legal Name (last name, first name)	Social Security Number
Mailing Address	
Telephone Number	Email Address
Employee or Agent # 2	
Full Legal Name (last name, first name)	Social Security Number
Mailing Address	
Telephone Number	Email Address
Employee or Agent # 3 (last name, first name)	
Full Legal Name	Social Security Number
Mailing Address	
Telephone Number	Email Address

Section 4 • VERIFICATION STATEMENT

I, _____ (print name), certify that the contents of this application are correct and complete. If Registrant is a business, the signatory, below, is provided by an authorized employee or officer.

_____	_____
Signature of Registrant	**Printed Name of Registrant**
_____	_____
Title of Registrant	**Date**

ADDITIONAL INSTRUCTIONS AND INFORMATION

REGISTRATION CHECKLIST – Before submitting your registration, have you?

- Included a completed copy of this Registration Form?
- Include a cashier's check or money order for $1,200 payable to the Georgia Department of Revenue, Unclaimed Property Program?
- Provided confirmation of corporate registration from the Georgia Secretary of State? (If applicable) If you are uncertain whether your business must register with the Georgia Secretary of State, please visit the Secretary of State's website at sos.ga.gov or contact their office.
- Included a completed copy of Form W-9?
- Provided a legible copy of the front and back of the driver's license for each agent or employee who will submit claims under Registrant's account?
- Submitted the results of the background check(s) performed by a PBSA-certified screener for each agent or employee authorized to submit claims under Registrant's account? Background check must be submitted directly via email to unclaimedpropertybackgrounds@dor.ga.gov.

  Note: CDRs must re-register every four years and inform the Unclaimed Property Section of any material changes to their registration status (e.g., updated contact information, new criminal convictions, transfers in ownership, etc.).

FILING INSTRUCTIONS

Registrants should mail all required documentation, along with a cashier's check or money order for $1,200 payable to the Georgia Department of Revenue, Unclaimed Property Program, to:

Georgia Department of Revenue
Unclaimed Property Program
CDR Registration
4125 Welcome All Rd.
Suite 701
Atlanta, GA 30349

NEED MORE HELP?

Georgia's Unclaimed Property staff will be glad to answer any questions regarding registration. Please contact us at:

Telephone: (855) 329-9863
Email: ucp.cdr.registration@dor.ga.gov