

Dealer, Distributor, Manufacturer or Transporter Application for Additional Tags

Please read the instructions that apply to requested tag category before completing and submitting documents and fees.

Permanent Twelve-Digit (12) Customer ID Number	Current Master Tag Number			
Company's Publicly Listed Phone (No cell phone numbers)	State of Georgia Tax ID Number			
Full, Legal Name of Company, Business, Firm, Corporation, LLC	D/B/A Company, Business, Firm, Corporation, LLC Name under which you do business if <u>not</u> the same as the full, legal name			
Established Place of Business Street Address	City	State	Zip Code	County
Mailing Address (if different from street address)	City	State	Zip Code	County

Tag Category

Check box to indicate the tag category for which you are requesting additional tags.

- Dealer
 Distributor
 Manufacturer
 Motorcycle Dealer
 Motorcycle Distributor
 Motorcycle Manufacturer
 Transporter

When applying for **dealer tags**, check applicable box below:

Fees

- Franchise Dealer (new motor vehicles)
 Independent Dealer (used motor vehicles)
 An Independent Dealer must also check the applicable box(s) below:
 Auction Company
 Broker
 Retail Dealer
 Wholesaler
 Motorcycle Dealer
 Manufactured Home
 Trailer Dealer

Number of additional tags* _____ @ \$12.00 \$ _____
 Mailing Fee* _____ # of tags \$ _____
 TOTAL DUE \$ _____

*See instructions for requirements. Pay all fees with one check or money order payable to the Department of Revenue. Please do not remit cash through the mail!

Affidavit

I, _____, am applying for _____ additional tags.

(Authorized Agent Printed Name & Position or Job Title) (Number of Additional Tags)

To be eligible to receive more than two (2) additional tags, I am completing the following affidavit certifying the number of vehicles the business named in this application sold (retail or wholesale), distributed, manufactured or transported during the previous calendar year based on its business records. If the business named in this application is a new business or has been in business less than a year, I am certifying the number of vehicles the business is projected to sell (retail or wholesale), distribute, manufacture or transport during the coming calendar year. I understand that the Department has the right to limit the number of additional tags issued when the numbers certified in this affidavit differs from the department's records, business records or investigative findings. I also understand that the Department may request additional documents to validate the need for additional tags.

Check the applicable box:

Actual Number

Projected Number

Retail Vehicle Sales	OR	Vehicles Distributed, Manufactured or Transported	OR	<input type="checkbox"/> Broker/Wholesaler/Auction Sales	=	No. of Additional Tags Requested
Number Sold Retail:		No. Distributed, Manufactured or Transported:		No. Brokered, Wholesaled or Sold at Auction:		

I hereby swear, affirm or certify under criminal penalty of a felony for fraudulent use of a false or fictitious name or address or making a material false statement punishable by a fine of up to \$5,000 or by imprisonment of up to five (5) years, or both, that statements contained on documents submitted by me are true and accurate and I understand the authorized uses of these tags as required by this state's laws, rules and regulations. I understand that I must promptly file a police report when a tag is lost or stolen and submit a copy of such police report to the Motor Vehicle Division. I further swear, affirm or certify that in accordance with O.C.G.A. §40-3-33 (b), my records shall be available for inspection by any representative or officer of the Department of Revenue upon request during normal business hours.

Signature & Position/Job Title of Person Authorized to Complete MV-6, MV-6A, MV-6B & MV-6C Forms:

Sworn to and subscribed before me this _____ of _____, 2_____.
 (day) (Month) (Year)

Notary Public's Printed Name, Signature & Notary Seal or Stamp:

Date Notary Public's Commission Expires:

Mailing Address

ATTN: Business Registration Unit
 DOR/Motor Vehicle Division
 PO Box 740381
 Atlanta, Georgia 30374-0381

You can electronically complete & print these forms for signing & submission from our website, www.dor.georgia.gov.
 E-mail: business.registration@dor.ga.gov Efax: 770-359-1819

Note: In order for vehicles sold to out of state buyers to be included in the count of vehicle sold, a copy of front and back of all titles sold to out of state buyers must be attached.

O.C.G.A. § 50-36-1(e) (2) Affidavit

By executing this affidavit under oath, as an applicant for:

(Check all that apply.)

- Motor Vehicle Dealer, Distributor, Manufacturer, or Transporter Tag
- Motor Vehicle Temporary Site Permit
- Out of State Recreational Vehicle Franchise Dealer Permit

as referenced in O.C.G.A § 50-36-1, from the Georgia Department of Revenue, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____(city), _____(state)

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

___ DAY OF _____, 20___

NOTARY PUBLIC
My Commission Expires: