



# Georgia Department of Revenue - Motor Vehicle Division Authentic Historical License Plate Affidavit of Ownership



**THIS AFFIDAVIT MUST BE KEPT IN VEHICLE AT ALL TIMES**

**A Georgia license plate issued in 1989 or earlier is authorized for use on the same year model vehicle.** The vehicle must be registered for the current year with a Georgia license plate/decals. Current license plate must be kept in vehicle at all times but need not be displayed.

**Purpose of this affidavit:** This affidavit is to be used by the owner of a historical license plate to authenticate the historical status of the license plate.

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

**Section A:** Record the authentic Georgia license plate information along with the current Georgia license plate number.

**Section B:** Record the vehicle's information for which the authentic license plate is affixed.

**Section C:** Complete the owner(s)' information. The mailing address block should contain the physical address of the registrant.

**Section D:** Certify ownership of the Authentic Historical license plate and that it is displayed on the vehicle described in section B.

**Section E:** Visual inspection of the plate and vehicle must be completed by a County Tag Agent or authorized employee.

**How to submit this affidavit:** Submit completed affidavit to the county tag office in your county of residence. Please refer to <http://dor.georgia.gov> to locate the county tag office in your county of residence.

## A LICENSE PLATE INFORMATION

Authentic Georgia License Plate Year:

Authentic Georgia License Plate No.:

Current Georgia License Plate No.:

## B VEHICLE INFORMATION

Vehicle Identification No. (VIN):

Year:

Make:

Model:

## C OWNER INFORMATION

Primary Owner's  
Full Legal Name:

First Name	Middle Initial	Last Name	Suffix
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Mailing Address:

Street No.	Street Name	Apt./Suite No.
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City:

State:

ZIP Code:

Telephone No.:

Secondary Owner's  
Full Legal Name:

First Name	Middle Initial	Last Name	Suffix
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Mailing Address:

Street No.	Street Name	Apt./Suite No.
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City:

State:

ZIP Code:

Telephone No.:

## D CERTIFICATION

This is to certify that I/we am/are the owner(s) of the Authentic Historical license plate and it is displayed on the vehicle described above.

Primary Owner  
Driver's License No.:

Signature:

Date:

Secondary Owner  
Driver's License No.:

Signature:

Date:

## E VISUAL INSPECTION

A visual inspection of the Authentic Historical license plate referenced above was completed by a County Tag Agent or authorized employee.

County Tag Agent/  
Authorized Employee Signature:

Date: