

**Authorize/Add/Delete Agents  
 Dealer, Distributor, Manufacturer & Transporter 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 Number (No cell phone numbers)	
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

In accordance with Georgia law §40-2-38, I am authorizing, adding or deleting agents/representatives for the distinguishing tags issued for motor vehicles the company, business, firm, corporation or LLC referenced in this application manufactures, distributes, exchanges, sells, transports or leases.

**AUTHORIZE/ADD Agents** (Complete additional MV-6A forms as necessary.)

Record authorized agents' full, legal names as shown on their valid Georgia driver's licenses or Georgia ID cards & their positions or job titles with the company, business, firm, corporation or LLC.

**Attach a copy of each agent's Georgia driver's license or Georgia ID card. Each authorized agent must sign & date this form.**

Authorized Agent's Printed Name	Authorized Agent's Signature	Authorized Agent's Position or Job Title	Date

**DELETE Agents** (Complete additional MV-6A forms as necessary.)

Record the name of agents/representatives no longer authorized to act as agents or representatives of the company, business, firm or LLC.

Agent's Printed Name	Agent's Position or Job Title	Date Deleted

Printed Name of Person Authorized to Complete MV-6, MV-6A, MV-6B & MV-6C Forms	Signature & Position or Job Title of Person Authorized to Complete MV-6, MV-6A, MV-6B & MV-6C Forms	Date Signed

By signing this form to authorize, add or delete agents of the company, business, firm or LLC recorded above, I swear, affirm or certify under criminal penalty of a felony for fraudulent use of a false or fictitious name or address or for 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 or authorized agents/representatives are true and accurate. I also swear, affirm or certify that I am the authorized agent of the business listed above and shall comply with all state laws, rules and regulations pertaining to these tags.

**Mailing Address**  
 ATTN: Business Registrations Unit  
 DOR/Motor Vehicle Division  
 PO Box 740381  
 Atlanta, Georgia 30374-0381

You can electronically complete and print these forms for signing and submission from our website at [www.dor.georgia.gov](http://www.dor.georgia.gov).  
 E-mail: [business.registration@dor.ga.gov](mailto:business.registration@dor.ga.gov) E-fax: 770-359-1819

**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: