

Form MV-6C (Rev. 11-2015)
Georgia Department of Revenue
Motor Vehicle Division

Dealer, Distributor, Manufacturer & Transporter Renewal Application
Please answer all questions and submit all required documentation.

Permanent 12 Digit Customer ID#:	Current Master Tag Number:	County Where Business is Located:
Has your Company's GA Publicly, Listed Telephone Number Changed? (Cell phones are <u>not</u> acceptable) <input type="checkbox"/> No <input type="checkbox"/> Yes, attach a copy		
Has your State of GA Tax ID Number Changed? <input type="checkbox"/> No <input type="checkbox"/> Yes, attach a copy		
Has your category of motor vehicles, tractors, trailers or motorcycles sold, manufactured, leased or transported changed from last year? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain		
Has the full legal name of the Company, Business, Firm, Corporation or LLC changed? <input type="checkbox"/> No <input type="checkbox"/> Yes, attach copy of ST-2/Used Car Board License.		
Has the D/B/A Company, Business, Firm, Corporation, or LLC name under which you do business changed? <input type="checkbox"/> No <input type="checkbox"/> Yes, attach copy of ST-2/Used Car Board License.		
Has your established place of business changed? <input type="checkbox"/> No <input type="checkbox"/> Yes, attach a copy of ST-2/Used Car Board License.		
Has your mailing address changed? <input type="checkbox"/> No <input type="checkbox"/> Yes, attach a copy of ST-2/Used Car Board License.		
Has your authorized agent/authorized agents changed? <input type="checkbox"/> No <input type="checkbox"/> Yes, complete form MV-6A		
Used Motor Vehicle/Parts Dealers (Only)		
Attach a copy of your current State of Georgia Used Motor Vehicle Dealer License and/or Used Motor Vehicle Parts Dealer License.		
Manufactured Home Dealers (Only)		
Attach a copy of your current State of Georgia Fire Marshal's license.		
Transporters (Only)		
Attach a copy of your current GA Business or Occupational License		
Has your Federal Employer Identification Number (FEIN) changed? <input type="checkbox"/> No <input type="checkbox"/> Yes, attach a copy		
Has your U.S. D.O.T. number changed? <input type="checkbox"/> No <input type="checkbox"/> Yes, attach a copy		
Has your I.F.T.A. Decal number changed? <input type="checkbox"/> No <input type="checkbox"/> Yes, attach a copy		
Schedule of Mailing Fees		Registration Expiration Month
If you want your tags/renewal decals mailed to you, include the applicable mailing fees based on the number of tags/renewal decals for which you applied.		During the transition, your dealer expiration date will be determined by the first letter or number of your business name and will expire at the end of the month below.
1 Tag/Decal	\$1.00	A or B
2 Tags/Decals	\$2.00	C or D
3 Tags/Decals	\$2.50	E, F, 4, 5 or 8
4-6 Tags/Decals	\$5.50	G or H
7-9 Tags/Decals	\$6.00	I or J
10-15 Tags/Decals	\$6.25	K or L
16-20 Tags/Decals	\$6.50	M, N or 9
21-25 Tags/Decals	\$6.75	O, P or 1
26 + Tags/Decals	\$7.00	Q or R
Pickup? <input type="checkbox"/> Yes <input type="checkbox"/> No		S, T, 2, 3, 6 or 7
Name:		U, V or W
Telephone #:		X, Y, Z or 0
Signature of Authorized Agent:		Date:

Original form must be submitted without alterations or corrections. Photocopies will not be accepted!
Email: business.registration@dor.ga.gov

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: