



Georgia Department of Revenue - Motor Vehicle Division Online Title Inquiry (OTI) - Add or Delete Account User(s)



Purpose of this Form: This form is to be used by Lien Holders and Financial Institutions to add or delete authorized account user(s).

How to submit this Form: This completed form must be submitted to the Motor Vehicle Division, Financial Management Section. Please mail this form to Georgia Department of Revenue, Motor Vehicle Division, Financial Management Section – Room 503, P.O. Box 740381 Atlanta, GA 30374-0381.

BUSINESS INFORMATION

Business Name:

Business Address: **City:** **State:** **ZIP:**

ELT Identification Number: **Telephone Number:**

CLIENT SECURITY OFFICER

Full Name:

E-mail: **Telephone Number:**

*MVD will e-mail a list of passwords to the address provided.

ADDITIONS

Please add the following individual(s) to our OTI account as authorized user(s). (The designated four-digit code must be all numeric and cannot be a duplication of another user's security code authorized on your account.)

User ID	User Name (Printed or Typed)	User ID	User Name (Printed or Typed)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DELETIONS

Please delete the following individual(s) from our OTI account:

User ID	User Name (Printed or Typed)	User ID	User Name (Printed or Typed)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORIZATION

Client Security Officer Signature

Date