

Motor Vehicle Dealer, Manufacturer, Transporter & Distributor License Plate Application

Do you Have Dealer, Manufacturer, Transporter or Distributor License Plates, which were issued for years 2004 & 2005? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Company's Twelve-Digit (12) MVD Issued Permanent ID # County Where Company Located Company Telephone Number
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In accordance with § 40-2-38 O.C.G.A., I am applying for license plate(s) for motor vehicles manufactured, distributed, sold, transported or leased during years 2004 and 2005.	Current Master Tag Number Year of Issue
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Full Legal Name of Company, Business or Firm	D/B/A (Name of Company, Business or Firm under which you do business)
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Street Address	City	State	Zip Code
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Mailing Address (if different from street address)	City	State	Zip Code
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<p style="text-align: center;">Important Name & Address Information</p> The full legal name of your company, business or firm (including the name of the company, business or firm under which you do business) and the address of your company, business or firm must be the same name and address as the name and address on any certificate or license required with this application.	If you are required to register with the Secretary of State's Used Motor Vehicle Dealer or Parts Dealer Board, enter your current license number below and attach a copy of your current license. _____
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Enter your Georgia Sales & Use Tax Account Number and attach a copy of the current certificate. _____	If you are required to register with the State Fire Marshal's Office, enter your current certificate number below and attach a copy of your current certificate. _____
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Check the applicable box indicating the category of license plate(s) requested. Submit a separate form for each tag category or business location.

Dealer
 Distributor
 Manufacturer
 Motorcycle Dealer
 Motorcycle Distributor
 *Transporter

*If you are applying for transporter license plate(s), you must attach a copy of your current business license and provide a description of the business operation here:

Check only one box below: <input type="checkbox"/> Franchise Dealer A Franchise Dealer fee of \$25.00 must be paid annually to the Department of Revenue pursuant to the provisions of Georgia Law §10-1-668 as amended. <input type="checkbox"/> Independent Dealer	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Type of Fee</th> <th style="text-align: center;">Fee Amount</th> </tr> </thead> <tbody> <tr> <td>Master tag fee: 1@</td> <td style="text-align: right;">\$ 62.00</td> </tr> <tr> <td>Franchise dealer fee (if applicable):</td> <td style="text-align: right;">\$ 25.00</td> </tr> <tr> <td>No. of additional tags _____ @ \$12.00 each</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total Due:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2">Please make check or money order payable to the Department of Revenue</td> </tr> </tbody> </table>	Type of Fee	Fee Amount	Master tag fee: 1@	\$ 62.00	Franchise dealer fee (if applicable):	\$ 25.00	No. of additional tags _____ @ \$12.00 each	\$ _____	Total Due:	\$ _____	Please make check or money order payable to the Department of Revenue		
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In signing this application, I 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 or authorized agents/representatives are true and accurate. I also swear, affirm or certify that I am an authorized agent of the company listed above and all requirements of this state's laws have been complied with (Sales Tax, Motor Vehicle, Fire Marshal, Secretary of State, etc.).

Important: Print or type your authorized agents' full legal name(s) as shown on their valid Georgia driver's license or Georgia identification card and their position with your company. Your authorized agent(s) must sign in the applicable spaces below. If there is a change in authorized agents or additional space is needed to record agents' names, positions, and signatures, form MV-6A should be completed and submitted.

Printed Name	Signature	Date	Position
Printed Name	Signature	Date	Position
Printed Name	Signature	Date	Position
Printed Name	Signature	Date	Position
Signature of Person Authorized to Complete Form	Printed Name of Person Authorized to Complete Form		Date

Mailing Instructions
 Submit your check or money order for the total fees due payable to the Department of Revenue, a completed MV-6 form, an MV-6A form (if applicable) and a photocopy of your current state-issued license or certificate (Used Car Board license, Parts Dealer Board license, State Fire Marshal's certificate, Georgia Sales & Use Tax certificate and/or Business license). The mailing address is: ATTN: Special Tags Unit, Dept. of Revenue/Motor Vehicle Division, PO Box 740381, ATLANTA, GA 30374-0381.

If you need additional information or forms, please call the Special Tags Unit at: (404) 675-4947 or access our web site at: www.dor.ga.gov. From our website, you may electronically complete and print motor vehicle tag and/or title forms for signing and submission by mail or in person.