



Disabled Person's License Plate Affidavit for a Business

MV-9DB (Rev. 06-2008)

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Section One-Except for signature(s), this form must be typed, electronically completed and printed or legibly hand printed.

Note: Apply at the Tag Office in the county in Georgia where the business is located.

Business Corporate Name, LLC or Sole Proprietor	State Tax ID Number
Business Owner's Street Address including City, State & Zip	County Where Business is Located
Disabled Person's Full Legal Name (Please attach an MV-9D, Disabled Person's Affidavit)	Is Business Vehicle Used Only or Primarily by Disabled Employee? Check only one box. <input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled Person's Street Address including City, State & Zip	

Section two-Vehicle Information: The vehicle owner information is required when applying for a DP license plate for a business.

Vehicle Year & Make	Vehicle Identification #	Vehicle Color	Vehicle Tag #
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Officer's Signature and Position

_____	_____
Printed Name	Position
_____	_____
Signature	Signature Date

Note: Notarization Required For Authorized Representative's Signature

Sworn to and subscribed before me	Notary Public's Signature & Notary Seal or Stamp
This _____ day of _____, _____	My Notary Commission Expires:
(Day) (Month) (Year)	Date: _____

Instructions:

Except for signature(s), this application must be typed, electronically completed and printed or legibly printed by hand for signing and submission.

Section One

- Record the Business Corporate Name, LLC or Sole Proprietor and State Tax Id Number.
- Record the Business owner's street address including the city, state and zip code.
- Record the county name where the business is located.
- Record the disabled person's full legal name and check the box to indicate that the business vehicle is used primarily by disabled employee.
- Record the disabled person's street address including city, state & zip.

Section Two

- Record the description of the vehicle, e.g. vehicle year and make, vehicle identification number, vehicle color and vehicle tag number.
- An officer of the business must sign and enter his/her position or job title with the business and date.

Retention Schedule: This form will be retained at the County Tag Office for two (2) years from the date issued.