Form MV-6C (Revised 12-2013)
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 not acceptable) ☐ No ☐ Yes, **attach** a copy

Has your State of GA Tax ID Number Changed? ☐ No ☐ Yes, **attach** a copy

Has your category of motor vehicles, tractors, trailers or motorcycles sold, manufactured, leased or transported changed from last year? ☐ No ☐ Yes, , please **explain**

Has the full legal name of the Company, Business, Firm, Corporation or LLC changed?
☐ No ☐ 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?
☐ No ☐ Yes, **attach** copy of ST-2/Used Car Board License.

Has your established place of business changed?
☐ No ☐ Yes, **attach** a copy of ST-2/Used Car Board License.

Has your mailing address changed?
☐ No ☐ Yes, **attach** a copy of ST-2/Used Car Board License.

Has your authorized agent/authorized agents changed?
☐ No ☐ 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? ☐ No ☐ Yes, **attach a copy**

Has your U.S. D.O.T. number changed? ☐ No ☐ Yes, **attach a copy**

Has your I.F.T.A. Decal number changed? ☐ No ☐ Yes, **attach a copy**

Schedule of Mailing Fees

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.

1 Tag/Decal	$1.00
2 Tags/Decals	$2.00
3 Tags/Decals	$2.50
4-6 Tags/Decals	$5.50
7-9 Tags/Decals	$6.00
10-15 Tags/Decals	$6.25
16-20 Tags/Decals	$6.50
21-25 Tags/Decals	$6.75
26 + Tags/Decals	$7.00

Pickup? ☐ Yes ☐ No

Name:

Telephone #:

Registration Expiration Month

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.

A or B	January
C or D	February
E, F, 4, 5 or 8	March
G or H	April
I or J	May
K or L	June
M, N or 9	July
O, P or 1	August
Q or R	September
S, T, 2, 3, 6 or 7	October
U, V or W	November
X, Y, Z or 0	December

Signature of Authorized Agent: **Date:**

Original form must be submitted without alterations or corrections. Photocopies will not be accepted!

PRINT CLEAR

Customer ID Number _____

Registration Year _____

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

☐ Georgia Intrastate Motor Carrier

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:

You must submit a front and back copy of a Secure and Verifiable Document with this Affidavit. A complete list of Secure and Verifiable Documents may be found at http://motor.etax.dor.ga.gov/forms/pdf/motor/Secure_and_Verifiable%20Documents.pdf or on the Georgia Attorney General's website. For more information, please refer to https://etax.dor.ga.gov/ctr/Public_Benefits_FAQ.pdf.