



Georgia Department of Revenue - Motor Vehicle Division Form MV-1 Motor Vehicle Title Application

For instructions on how to complete this form, please see Instructions on page 2.



A VEHICLE INFORMATION

Vehicle ID (VIN): _____ Current Title # _____ Year: _____
 Make: _____ Current Title's State of Issue: _____ Color: _____
 Model: _____ GA County of Residence: _____ Cylinders: _____
 Body Style: _____ District # _____ Fuel Type: _____
 Odometer exceptions: EXEMPT Exceeds Mechanical Limits of Odometer Not the Actual Mileage, Warning Odometer discrepancy
 Odometer Reading: _____ Date Purchased: _____

COMPLETE FOR ALL COMMERCIAL VEHICLES

Gross Vehicle Weight & Load: _____ Straight Truck? Yes No Used for Hire? Yes No
 Type of Trailer Pulled? _____ Product Hauled? _____ Is this a Farm Vehicle? Yes No

B OWNER INFORMATION

Number of Owners: _____ Leased Vehicle: No Yes (If yes, complete Section D)
 If purchased from an out-of-state business, did you pick up the vehicle out-of-state? Yes No
**Owner's signature below warrants: I do solemnly swear or affirm under criminal penalty of a felony for fraudulent use of a false or fictitious name or address or for making a material false statement punishable by fine up to \$5,000 or by imprisonment of up to five years, or both that the statements contained herein are true and accurate.*

OWNER # 1

Full Legal Name: _____ Driver's License # _____ State: _____
 Date of Birth: _____ Email Address: _____ Phone # _____
 Business Name: _____ Name of Agent: _____
 Address: _____
 Mailing Address: _____
 *Signature of Owner 1 or Business Agent: _____ Date: _____

OWNER # 2

Full Legal Name: _____ Driver's License # _____ State: _____
 Date of Birth: _____ Email Address: _____ Phone # _____
 Business Name: _____ Name of Agent: _____
 Address: _____
 Mailing Address: _____
 *Signature of Owner 2 or Business Agent: _____ Date: _____

C SELLER INFORMATION

GA Dealer's/Bank's 12 Digit Customer ID # (If Applicable)

 Full Legal Name or Business Name and Address:

 If Georgia Seller, County Name: _____
 Directly Financed Dealer Sale: Yes No

D LESSEE INFORMATION

Driver's License Number, if individual: _____
 Lessee's Full Legal Name & Address or Business Lessee's Full Name & Address:

 Lessee's GA County Name: _____
 Lessee's Phone Number: _____

D SECURITY INTEREST OR LIENHOLDER INFORMATION (Attach any information on additional lienholders)

12 Digit ELT ID # Name: _____
 Address: _____
 12 Digit ELT ID # Name: _____
 Address: _____

F ATTORNEY IN FACT INFORMATION Attach original power of attorney if title is to be mailed to attorney in fact.

Name: _____
 Mailing Address: _____
 Phone Number: _____ Email Address: _____

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INSTRUCTION PAGE

Purpose of this Form: This form is to be used when applying for a tag and title and must be signed by all owners in Section B.

How to submit this Form: This form must be completed in its entirety, legibly printed or typed, and submitted along with all required document(s) to the county tag office in the county where you reside or to the Department of Revenue (DOR), when applicable. Please refer to <http://dor.georgia.gov> to locate the county tag office in your county of residence.

A	VEHICLE INFORMATION		
<p>This section must be completed in its entirety. If you do not know the district in which you live, please check with your County Tag Office. Include all the requested information: Vehicle Identification Number (VIN), Make of vehicle, Model of vehicle, Current Title number, Current Title's State of Issue, Georgia County of Residence, District # (if known), Year of vehicle, Color, Cylinders of vehicle, Body style, Fuel Type, and Odometer information including: whether exempt, exceeds mechanical limits, not actual mileage. Also include Odometer reading and date purchase.</p>			
COMPLETE FOR ALL COMMERCIAL VEHICLES			
This section must be completed for all request concerning a commercial vehicle.			
B	OWNER INFORMATION		
<p>List the number of owners, whether the vehicle is leased, and if it was purchased out-of-state. All owners listed on the title must sign this form. By signing this form you are agreeing to the following: <i>*Owner's signature below warrants: I do solemnly swear or affirm under criminal penalty of a felony for fraudulent use of a false or fictitious name or address or for making a material false statement punishable by fine up to \$5,000 or by imprisonment of up to five years, or both that the statements contained herein are true and accurate.</i></p>			
OWNER # 1			
For Owner number one:			
<ul style="list-style-type: none"> • If a business, provide the business name, the name of the signee, address, mailing address (if applicable), email address, and telephone number. • If an individual, provide the driver's license number, state of issuance, full legal name, date of birth, address, mailing address (if applicable), email address, and telephone number. • Signature is required. 			
OWNER # 2			
For Owner number two:			
<ul style="list-style-type: none"> • If a business, provide the business name, the name of the signee, address, mailing address (if applicable), email address, and telephone number. • If an individual, provide the driver's license number, state of issuance, full legal name, date of birth, address, mailing address (if applicable), email address, and telephone number. • Signature is required 			
C	SELLER INFORMATION	D	LESSEE INFORMATION
Provide:		Provide:	
<ul style="list-style-type: none"> • Georgia Dealer's or Bank's 12-digit Customer number (if applicable). • Full legal name or business name and address, • Georgia county (if applicable), and • Whether the vehicle was directly financed by the dealer. 		<ul style="list-style-type: none"> • Lessee's driver's license number (if individual), • Lessee's Full legal name and address or Business Lessee's full name and address, and • Lessee's Georgia County name • Lessee's phone number 	
D	SECURITY INTEREST OR LIENHOLDER INFORMATION (Attach any information on additional lienholders)		
List the following for the first two security interest or lienholders (attach any additional lienholder information to this form)			
<ul style="list-style-type: none"> • 12 Digit Customer ID # • Name • Address 			
F	ATTORNEY IN FACT INFORMATION Attached original power of attorney if title is to be mailed to attorney in fact.		
If using a Power of Attorney, attach the Power of Attorney and fill in their:			
<ul style="list-style-type: none"> • Name • Mailing Address • Phone Number • Email Address 			