DEALER POINT
MVT TRANSACTIONS

GEORGIA

DEALER

Dealership

Address

City, State, ZIP

CUSTOMER

Name

Address

City, State, ZIP

VEHICLE

Year, Make, Model

VIN

Milage

Gross Vehicle Weight

DEAL

Deal Number

Transfer Plate Number

Expiration Date

INSURANCE

Policy Number

Company (ie: Farmers, Geico, State Farm

LIENHOLDER

Name

Address

City, State, ZIP

ELT Code

CHECKLIST

TITLE (can be signed by POA)

* If there is a spot for notarization, it must be notarized

☐ The original Title and any supporting reassignments

TITLE APPLICATION

☐ Completed Title Only Application FORM MV-1

PROOF OF IDENTIFICATION (Business)

SELECT ONE

☐ Copy of Official Document listing Federal ID Number

☐ Tax Certificate

☐ Articles of Incorporation

PROOF OF IDENTIFICATION (Individual)

☐ Copy of Valid Georgia Drivers License

☐ Out of State Drivers License

Must provide FRONT & BACK copy of Drivers License
a copy of Passport is acceptable

BILL OF SALE / RETAIL PURCHASE AGREEMENT

☐ Completed Bill of Sale Form / Retail Purchase Agreement

ODOMETER DISCLOSURE FORM

☐ Completed Odometer Disclosure Statement FORM GA-25

PROOF OF INSURANCE

(Insurance Card that includes the following)

☐ Policy Number

☐ Name of Registrant

☐ Effective and Expiration Date

☐ Must have Sale Vehicle

TRANSFER REGISTRATION

☐ Provide a copy of current registration

LIEN ASSIGNMENT

UCC AND/OR Full Finance Contract

☐ Completed Lien Assignment FORM

POWER OF ATTORNEY

☐ Completed Power of Attorney FORM T-8

CLEAR FORM

Dealer Point MVT

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

For instructions on how to complete this form see 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: _____ E-mail 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: _____ E-mail 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):
☐☐☐☐☐☐☐☐☐☐☐☐
Seller's GA Sales Tax #:
☐☐☐☐☐☐☐☐☐
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 # (If individual): _____
Lessee's Full Legal Name & Address or Business Lessee's Full Name & Address:

_____
_____
_____

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

E 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: _____ E-mail Address: _____

Georgia Department of Revenue - Motor Vehicle Division
Form MV-1 Motor Vehicle Title Application
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 documents to the county tag office in the county where you reside or to the Department of Revenue (DOR), when applicable. Please refer to **https://dor.georgia.gov** to locate the county tag office in your county of residence.

A VEHICLE INFORMATON

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, body style, current title number, current title's state of issue, Georgia county of residence, district number (if known), year of vehicle, color, cylinders of vehicle, fuel type, and odometer information including whether exempt, exceeds mechanical limits, not actual mileage.
Also include odometer reading and date purchased.

COMPLETE FOR ALL COMMERCIAL VEHICLES
This section must be completed for all requests concerning a commercial vehicle.

B OWNER INFORMATION

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:
**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
For owner number one:
- If an individual, provide the full legal name, driver's license number, state of issuance, date of birth, e-mail address, telephone number, address, and mailing address (if applicable).
- If a business, provide the e-mail address, telephone number, business name, name of the signer, address, and mailing address (if applicable).
- Signature is required.

OWNER # 2
For owner number two:
- If an individual, provide the full legal name, driver's license number, state of issuance, date of birth, e-mail address, telephone number, address, and mailing address (if applicable).
- If a business, provide the e-mail address, telephone number, business name, name of the signer, address, and mailing address (if applicable).
- Signature is required.

C SELLER INFORMATION

Provide:
- Georgia dealer's or bank's 12-digit customer identification number (if applicable)
- Seller's Georgia sales tax number
- Full legal name or business name and address
- Georgia county name (if applicable)
- Whether the vehicle was directly financed by the dealer

D LESSEE INFORMATION

Provide:
- Lessee's driver's license number (if individual)
- Lessee's full legal name and address or Business Lessee's full name and address
- Lessee's Georgia county name
- Lessee's phone number

E 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):
- 12-digit customer identification number
- Name
- Address

F ATTORNEY-IN-FACT INFORMATION - Attach 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:
- Name
- Mailing address
- Phone number
- E-mail address

NON-LEASED VEHICLES
ODOMETER DISCLOSURE STATEMENT

Federal and State law require that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

I, Expiration Date _____, state that the
(transferor's name – PRINT)

odometer now reads _____ (no tenths) miles and to the best of my knowledge that it reflects the actual mileage of the vehicle describes below, unless one of the following statements is checked.

Check one box only:

☐ Chec) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.

☐ Check I hereby certify that the odometer reading is NOT the actual mileage. WARNING – ODOMETER DISCREPANCY.

MAKE	MODEL	BODY TYPE
V.I.N.		YEAR

Transferor's Signature _____

Printed Name _____

Transferor's Address _____
(street)

_____
(city) (state) (zip)

Date of Statement _____

Transferee's Signature _____

Printed Name _____

Transferee's Name _____

Transferee's Address _____
(street)

_____
(city) (state) (zip)

FORM GA-25

PRINT CLEAR

Form T-8 (Rev. 3-2015)
Web and MV Manual

Georgia Department of Revenue - Motor Vehicle Division
Limited Power of Attorney - Motor Vehicle Transactions

SUBMISSION OF THIS FORM MUST BE ACCOMPANIED BY A COPY OF THE APPOINTED ATTORNEY-IN-FACT'S DRIVER'S LICENSE OR STATE ISSUED IDENTIFICATION.

This form can be electronically completed and printed for signing and submission from the Department of Revenue website, www.dor.ga.gov Except for signatures, this form may be typed, electronically completed and printed or printed legibly by-hand in blue or black ink. This form must be completed in its entirety, signed and notarized. ***It is a felony for any person to willfully enter false information on this form**. The Department of Revenue or the County Tag Office reserves the right to verify all information contained on this document before it is accepted.

NOTE: You **cannot** use a "limited" power of attorney when the seller/transferor and the buyer/transferee on the title assignment are the **same** person **or** agents of the same company or corporation when there is a requirement to disclose the motor vehicle's odometer reading.

PHOTOCOPIES ARE NOT ACCEPTABLE - ORIGINAL FORM MUST BE SUBMITTED. ANY ALTERATION OR CORRECTION VOIDS THIS FORM.
PRIOR VERSIONS OF THIS FORM WILL NOT BE ACCEPTED AFTER 3/1/2015.

APPOINTMENT OF ATTORNEY-IN-FACT

I/We, **Vehicle Owner(s) Full Legal Name(s)**

Appoint **Full Legal Name of Appointed Attorney-in-Fact (Only one (1) Attorney-in-Fact may be appointed)**

As my/our attorney-in-fact, to represent me/us before the Georgia Department of Revenue or any of the County Tax Commissioners' offices in the state with respect to the following described vehicle:

Vehicle Identification Number (VIN):

Year: Make: Model:

Said attorney-in-fact is authorized to apply for an original or replacement certificate of title, to transfer title to said motor vehicle and to perform on my/our behalf any act or thing whatsoever concerning such motor vehicle in every aspect as I/we could do were I/we present.

This power-of-attorney revokes all earlier powers-of-attorney and shall be in full force and effect until written revocation is received by the Department of Revenue or Tax Commissioner, but in no event shall this power-of-attorney be valid beyond twelve (12) months from the date of its execution.

The undersigned owner(s) further certify that this power-of-attorney was completely filled in at the time of its execution.

Signed and attested this **day of** ,

Owner(s) Full Legal Name(s): Printed or Typed

Owner(s) Signature(s):

Owner's Address: Owner's Phone Number:

ACKNOWLEDGEMENT OF NOTARY PUBLIC

The undersigned notary public does hereby certify that the above named owner of the vehicle identified in this appointment of an attorney-in-fact, executed this form in my presence and that said owner(s) was/were proven to be the person(s) named by the use of the following form of positive, picture identification **(a copy of the Owner(s) Driver's License must accompany this form if applying for an expedited title at the DOR Southmeadow location)**:

Owner(s) Valid Driver's License Number: Name(s) as listed on Driver's License: Name(s) of Issuing State:

Sworn to and subscribed before me this **day of** ,

Notary Public's Full Legal Name: Printed or Typed

Notary Public's Signature:

Notary Public's Address:

Notary Public's Phone Number:

Notary Public Seal/Stamp:

Date Notary Commission Expires:

Have a question? Visit our website at http://dor.georgia.gov/motor-vehicles or scan the QR code above for more information.

Limited Power of Attorney

Date:_____

I, Expiration Date _____

hereby name and appoint _____

or _____

to act for me, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home or vessel described below, and to print my name and sign their name in my behalf. My attorney-in-fact can also file for and collect any overpayment of fees and taxes from the state office to which said overpayment was remitted. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me in as sufficient a manner as I myself could do, were I personally present and signing the same.
With full power of substitution and revocation, I hereby ratify and confirm whatever my said attorney-in-fact may lawfully do or cause to be done in respect of registering or titling the below- referenced vehicle.

Year: _____ Make:_____ VIN: _____

Transferor's Signature: _____

On this _____ day of _____ 20_____ before me personally appeared

_____ whose identity was proven to be based on satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above document.

_____

(Affix Seal Here)

THIS FORM IS INVALID WITHOUT NOTARIZATION