



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):

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Seller's GA Sales Tax #:

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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 INFORMATION

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