PRINT CLEAR

MV-1 (Revised 6-2020)

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: _____