



# State of Georgia Department of Revenue

## Georgia Intrastate Motor Carrier Registration (GIMC) Application

### SECTION 1: GENERAL INFORMATION

Please indicate Registration Year 20\_\_\_\_\_

US DOT Number		MC Number	MCA Number	Email Address
State Tax ID Number	FEIN	SSN	Telephone Number	Fax Number

Legal Name

Doing Business Under the Following Name (DBA)

Principal Place of Business (Street Address)

City	State	ZIP Code
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Mailing Address

City	State	ZIP Code
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For Corporations, Limited Liability, and where applicable please list OFFICERS

1. Name:

Address	City	State	ZIP
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2. Name:

Address	City	State	ZIP
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**Note:** Please list additional Officers including Address and Contact information on the back of this form and return with application.

### SECTION 2: CLASSIFICATION- Please Check All That Apply

Motor Carrier

Private Motor Carrier

Motor Carrier transporting Hazardous Material

### SECTION 3: NUMBER OF VEHICLES AND FEES

Please include all motor vehicles that travel EXCLUSIVELY in Intrastate Commerce

Total #of Motor Vehicles	multiply (x) per vehicle	Total Fees Due = \$
	x \$5.00 <b>before</b> January 1st or if a New Applicant x \$25.00 <b>after</b> January 1st	

### SECTION 4: CERTIFICATION

The above described applicant hereby applies for the registration of intrastate UCR of the vehicle or vehicles which it operates within or through the borders of Georgia during the period for which such registration is effective. The operation of such vehicle or vehicles shall be in accordance with O.C.G.A. § 40-2-140.

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant.

(Print) Name of Owner or Authorized Representative	Date
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Signature	Title
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Mailing Address:  
Georgia Department of Revenue  
Motor Vehicle Division  
PO Box 740382  
Atlanta, Georgia 30374-0382