

Application for the Registration of Vehicles Operated by Motor Carriers Holding Certificates or Permits Issued by the Department of Revenue & Motor Carriers Engaged in Intrastate Exempt Passenger Commerce

Mail to: **Attn: Commercial Vehicle Permitting Section**
 Dept. of Revenue/Motor Vehicle Division
 PO Box 161227
 Atlanta, Georgia 30321

Date:	Dept. of Revenue's MCA File #*
*Leave blank, if you are a 'new' carrier.	

Telephone Number, including area code:

The applicant shown below hereby applies for the issuance of registration stamp(s) in the following number for the purpose of registering vehicle(s) that the applicant intends to operate within Georgia during the period that such registration stamp(s) are valid.

2008 Vehicle Identification Stamps

_____	\$5.00 Registration Stamp(s) for use in identifying & registering ALL vehicles to be operated entirely in intrastate commerce in Georgia. Please allow 3-4 weeks for delivery.
(No. of Stamps Ordered)	
\$ _____	Note: Please pay all fees due with cash, money order or certified or cashiers check payable to the Department of Revenue. Please <u>do not</u> remit cash through the mail. <u>No</u> personal or company checks will be accepted.
(Amount Enclosed)	

The applicant shall not knowingly permit any other person or organization to use the registration and identification stamp(s) issued or assigned pursuant to this application. I, the undersigned, under penalty for false statement, do hereby certify that the information contained in this application is true and correct and I am authorized to execute and file this document on behalf of the applicant. (Penalties as provided by state law). I also certify that I am knowledgeable of all applicable Federal and State motor carrier safety rules, regulations, standards, and orders, and declare that all operations will be conducted in compliance.

Applicant's/Carrier's Full Legal Name:

Applicant's/Carrier's Street Address including city, state & zip:

Applicant's/Carrier's Mailing Address if different from above address:

Authorized Agent's Printed or Typed Name:	Authorized Agent's Signature & Position or Job Title:
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Commercial Vehicle Permitting Section

<p><u>In-Person Address</u></p> <p>Commercial Vehicle Permitting Section Dept. of Revenue/Motor Vehicle Division 1200 Tradeport Boulevard Hapeville, GA 30354</p> <p>Telephone Number: (404) 362-6484 Fax Number: (404) 363-7587 Website: www.dor.ga.gov</p>	<p><u>Mailing Address</u></p> <p>Attn: Commercial Vehicle Permitting Section Dept. of Revenue/Motor Vehicle Division P. O. Box 161227 Atlanta, GA 30321</p>
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