

**Application for Class IE Registration Permits for Exempt Passenger Vehicles
Transporting No More Than Ten Persons (10) For Hire IE-Intrastate Exempt**

Note: This form cannot be used for stretch or luxury limousines.

To: **Attn: Commercial Vehicle Permitting Section**
Dept. of Revenue/Motor Vehicle Division
PO Box 161227
Atlanta, GA 30321-1227

Applicant Information

Applicant's Full Legal Name:

Date:

Doing Business As (D/B/A), when applicable:

Street Address for Principal Place of Business:

City, State & Zip Code

Mailing Address including street address or PO box number, city, state & zip code, when different from address shown above.

Telephone # Including Area Code:

FAX # Including Area Code:

Base of Operation, i.e. city.

Enter Present Mileage Radius Covered by Your Insurer: _____*

***Note:** Operations are not legally permitted beyond the mileage radius covered by your insurer.Type of Motor Carrier (Check only one): Individual Corporation* Partnership

*If you are a corporation, attach a legible copy of your certification issued by the Georgia Secretary of State's office or other state agency where you are incorporated showing approval of your corporate name. Enter the state's name where you are incorporated here: _____

Partner or Officer Information

(Names & Addresses)

1. Name:

2. Name:

Street Address:

Street Address:

City, State & Zip:

City, State & Zip:

3. Name:

4. Name:

Street Address:

Street Address:

City, State & Zip:

City, State & Zip:

Process Agents for State

This section may be omitted if the applicant is a Georgia resident.

1. Name:

2. Name:

Street Address:

Street Address:

City, State & Zip:

City, State & Zip:

Certification

I, the undersigned, do hereby swear or affirm under criminal penalty of a felony for fraudulent use of a false or factious name or address or for making a material false statement punishable by fines up to \$5,000 or by imprisonment of up to five-years (5), or both, that the statements contained herein are true and accurate.

Applicant's Authorized Signature:

Position or Job Title:

Date:

Subscribed and sworn to before me, this _____ of _____,
(Day) (Month)
20_____.
(Year)

Date Notary Commission Expires:

Notary Public's Signature:

Notary Public's Seal or Stamp:

Instructions for Completing an Application for Class IE Registration Permits for Exempt Passenger Vehicles Transporting No More Than Ten (10) Persons for Hire

The following vehicles, that perform intrastate 'for-hire' operations, are exempt from the economic jurisdiction of this Department, but are subject to the Department's rules and regulations regarding registration, insurance and vehicle safety:

For vehicles, except stretch and luxury limousines, transporting 'for hire' but not transporting more than ten-persons (10), please submit the following together to: **Attn: Commercial Vehicle Permitting Section**, Dept. of Revenue/Motor Vehicle Division, P. O. Box 161227, Atlanta, GA 30321-1227:

1. A completed Form IE, Application for Registration Permits for Exempt Passenger Vehicles Transporting No More Than Ten Persons for Hire. This application must be typed, electronically completed and printed or legibly hand printed, signed and signature notarized. In addition to signing, the notary public must affix his/her notary seal/stamp and record the date his/her notary commission expires.
2. A completed and signed Form IR-1, 2007 Stamp Order Form;
3. Your payment. (Pay with cash, in-person only, check or money order made payable to the Dept. of Revenue; please do not remit cash through the mail!) for the following fees that are due annually:
 - (a) \$25 for the registration permit; and,
 - (b) \$ 5 for each vehicle being operated.
4. A Form E completed by your insurer showing your name and address as it appears on your application.
5. The signature(s) on the Form IE application and the statement certifying vehicle identification must be notarized. The notary public witnessing the signing of these forms must sign, affix his/her notary seal or stamp and enter the date his/her notary commission expires.
6. If you are a corporation, submit a copy of your Certificate of Incorporation issued by the Georgia Secretary of State's Office.

Important Information:

- This application cannot be used for stretch or luxury limousines.
- Applications will be returned if all sections are not completed.
- **Don't forget, your payment must accompany your application.**

If you should have any questions or need additional forms, please contact us at the following telephone number: (404) 362-6484, visit our website, www.dor.ga.gov, or direct your correspondence to:

Mailing Address

Attn: Commercial Vehicle Permitting Section
DOR/Motor Vehicle Division
PO Box 161227
Atlanta, GA 30321-1227

Application for the Registration of Commercial Vehicle Permits Operated by Motor Carriers Holding Certificates or Permits

To: **Attn: Commercial Vehicle Permitting Section**
 Dept. of Revenue/Motor Vehicle Division
 P.O. Box 161227
 Atlanta, GA 30321-1227

The applicant shown below hereby applies for the issuance of 2007 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 in which such registration stamp(s) are effective.

2007 Vehicle Identification Stamps

Number of \$5.00 Stamps Being Requested:	\$5.00 Registration Stamp, for use in identifying & registering <u>all</u> vehicles to be operated entirely in intrastate commerce in Georgia.
Fees Enclosed (\$5.00 X No. of Stamps Ordered):	Please allow 3-4 weeks for delivery. Note: Only cash, certified or cashiers checks, or money orders payable to the Department of Revenue will be accepted. <u>No</u> company or personal checks will be accepted. Please <u>do not</u> remit cash through the mail!

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, am authorized to execute and file this document on behalf of the following applicant and I am knowledgeable of all applicable federal and state motor carrier safety rules, regulations, standards and orders and declare that all operations shall be conducted in compliance therewith. I, the undersigned, do hereby swear or affirm under criminal penalty of a felony for fraudulent use of a false or factious name or address or for making a material false statement punishable by fines up to \$5,000 or by imprisonment of up to five-years (5), or both, that the statements contained herein are true and accurate:

Applicant Information

Applicant's/Carrier's Full Legal Name:	Date:
Street Address of Principal Place of Business:	
City, State & Zip	
Mailing Address Including Street Address or PO Box Number, City, State & Zip (When different from the address shown above)	
Telephone Number including area code: (____) _____	MCA File # (Leave blank if you are a 'new' carrier)

Commercial Vehicle Permitting Section - In-Person Address

Open 8:00 am to 4:30 pm Monday-Friday excluding [State Holidays](#)

Commercial Vehicle Permitting Section
 Department of Revenue/Motor Vehicle Division
 1200 Tradeport Blvd.
 Hapeville, GA 30354



Department of Revenue
Motor Vehicle Division
 Commercial Vehicle Permitting Section
 (In-Person Address) - 1200 Tradeport Blvd.
 Hapeville, Georgia 30354
 (Mailing Address) - P O Box 161227
 Atlanta, Georgia 30321
www.dor.ga.gov

Statement of Safety Awareness
Motor Carrier Certification

Carrier's Full Legal Name:

I hereby 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 therewith.

I also certify that all vehicles to be operated under this authority granted by the Georgia Department of Revenue, Motor Vehicle Division, have been painted or stenciled in a permanent manner, except vehicle(s) being operated under lease of less than thirty-days (30) are permitted to be identified with removable placards, with the following information on both sides of the cab or body as required by state law and rules and regulations.

Name of Operation as Shown in the Certificate &/or Registration Permit:

Principal Place of Domicile for Intrastate & Exempt Carriers¹:

Authorized Agent's Printed or Typed Name:

Subscribed and sworn to before me, this _____ of _____ (Day) _____, 2_____. (Month) (Year)

Authorized Agent's Signature:

Notary Public's Printed Name:

Authorized Agent's Position or Job Title:

Notary Public's Signature & Notary Seal or Stamp:

Date Signed:

Date Notary Commission Expires:

For information regarding commercial vehicle permits, please call: (404) 362-6484

www.dor.ga.gov