



# 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: \_\_\_\_\_