

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	
Model: GA County Body Style: District #:	le's State of Issue: Color: of Residence: Cylinders: Fuel Type: Todometer Not the Actual Mileage, Warning Odometer Discrepancy
COMPLETE FOR ALL COMMERCIAL VEHICLES Gross Vehicle Weight & Load: Straight Truck? ☐ Yes ☐ No Used for Hire? ☐ Yes ☐ No Type of Trailer Pulled? Is this a Farm Vehicle? ☐ Yes ☐ No	
B OWNER INFORMATION	
Number of Owners: Leased Vehicle: Do Pes (If yes, complete Section D) If purchased from an out-of-state business, did you pick up the vehicle out of state? Pes 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.	
Address:	
Mailing Address: *Signature of Owner 1 or Business Agent: Date:	
Business Name: Address: Mailing Address:	Name of Agent:
C SELLER INFORMATION D LESSEE 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:	Driver's License # (If individual): Lessee's Full Legal Name & Address or Business Lessee's Full Name & Address:
If Georgia Seller, County Name: Directly Financed Dealer Sale: Yes No	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:	
ATTORNEY-IN-FACT INFORMATION - Attach original Power of Attorney if title is to be mailed to attorney in fact. Name:	
Phone Number: E-mail Address:	