

**Georgia Secretary of State  
Professional Licensing Boards Division**

**USED MOTOR VEHICLE DEALER LICENSE  
CHANGE OF DESIGNEE APPLICATION**

NOTE: This form is NOT for address changes. It is for Change of Designee ONLY. Address changes must be submitted on the Change of Location or Name Form.

**STEP BY STEP INSTRUCTIONS:**

1. Fingerprints are required!
  - a. You must use **Cogent Systems** to process your fingerprints.
  - b. Register with Cogent online 24 hours, 7 days a week at [www.ga.cogentid.com](http://www.ga.cogentid.com) OR register by phone Monday – Friday, 8 am – 6 pm EST, at 1-888-439-2512.
  - c. When you register, you MUST USE THIS INFORMATION:
    - i. Used Motor Vehicle Dealer ORI number: GA922400Z
    - ii. Verification Code: 922400Z
    - iii. Reason For Printing: Used Motor Vehicle Dealer License
  - d. Pay for the fingerprinting and criminal background check (no cash/no personal checks).
    - i. Paying online – use a credit or debit card
    - ii. Paying in person at a GAPS site – use a credit card, debit card, money order, cashier's check made payable to COGENT SYSTEMS.
  - e. Choose a GAPS location to visit to get your fingerprints scanned.
    - i. Visit [www.ga.cogentid.com](http://www.ga.cogentid.com) to find an approved location, see their hours of operation, and review "What to Bring".
  - f. When you go to the site to get your fingerprints scanned, you MUST present an approved state or federal photo identification before the process can begin.
  - g. Your Receipt for the service can be printed from the GAPS website, but you will need your social security number and birth date to access your printable receipt.
2. When completing this application, use the address that is currently on file with the licensing board (this should be the address printed on your current license).
3. Provide a valid email address. This is how the Licensing Board staff will communicate with you.
  - a. If you change your email address, notify the board staff promptly!
  - b. Your email address will not be shared with any third party.
4. Are you a Partnership, a Corporation, or a LLC?
  - a. For Partnership – use the *Affidavit of Authorization of the Designee for a Partnership* form. (The Name of the Designee on this form must be the same name that is entered as the Designee on Page 1 of the application page titled *Application for Used Motor Vehicle Dealer License*.)
  - b. For Corporation or LLC - use the *Affidavit of Authorization of the Designee for a Corporation or Limited Liability Company* form. (The Name of the Designee on this form must be the same name that is entered as the Designee on Page 1 of the application page titled *Application for Used Motor Vehicle Dealer License*.)
5. Submit a copy of your Pre-License Seminar Certificate.
6. Submit payment for Application Fee to the Licensing Board.

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**USED MOTOR VEHICLE DEALER  
CHANGE OF DESIGNEE APPLICATION**

**DO NOT WRITE IN THIS AREA  
- FOR OFFICE USE ONLY**  
RECEIPT # \_\_\_\_\_  
AMOUNT \$ \_\_\_\_\_  
APPLICANT # \_\_\_\_\_  
INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

*Submit a non-refundable fee of \$100.00 payable to Used Motor Vehicle Dealers Board*

Business Name (as appears on current license) \_\_\_\_\_

License # \_\_\_\_\_ Email Address (required) \_\_\_\_\_

**Mailing Address:**

Address, City, State, Zip \_\_\_\_\_

County: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Landline Phone # (if applicable) \_\_\_\_\_

**Physical Location Address. This address will appear on your license and online.**

(Must be the same as the address on your license; if not, you need to submit an address change to the board).

Address, City, State, Zip (cannot use PO Box for address): \_\_\_\_\_

County: \_\_\_\_\_ Landline Phone #: \_\_\_\_\_ Fax # (if applicable) \_\_\_\_\_

**IMPORTANT – PLEASE READ: Secure and Verifiable Documents Under O.C.G.A. § 50-36-2**

The New Designee must submit a copy of his/her Secure and Verifiable Document (SVD) along with this application, such as his/her Driver's License, Passport, or other approved document OR a copy of his/her current immigration document(s) which includes either his/her Alien number or I-94 number and SEVIS number, if needed.

The list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the board's website: <http://sos.ga.gov/admin/files/svd2013.pdf>

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

# Georgia Secretary of State Professional Licensing Boards Division

## USED MOTOR VEHICLE DEALER CHANGE OF DESIGNEE APPLICATION NEW DESIGNEE'S INFORMATION

**NAME:** \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 Person Authorized to Hold License for the Dealer (*DESIGNEE*)

**ADDRESS:** \_\_\_\_\_  
 Designee's Residence Address, City, State, Zip

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Place of Birth:** \_\_\_\_\_ **Social Security #\*:** \_\_\_-\_\_\_-\_\_\_\_\_

\*This information is authorized to be obtained and disclosed to State and Federal Agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001.

**The following questions must be answered by the person authorized as the DESIGNEE for the business. If the business is a Sole Proprietorship, the questions must be answered by the business owner.**

1. What is your sales tax number? \_\_\_\_\_
  
2. *Previous license or interest in dealership:* Has the Designee or anyone else holding an ownership or financial interest in this business:
 

	YES	NO
a. Previously been licensed as an Independent Used Motor Vehicle Dealer?	<input type="checkbox"/>	<input type="checkbox"/>
b. Ever held an interest in an Independent Used Motor Vehicle Dealership?	<input type="checkbox"/>	<input type="checkbox"/>
c. If YES, provide person's name, business name, period of licensure: _____		
  
3. *License Denial/Revocation:* Has the Designee or anyone holding an ownership or financial interest in this business ever:
 

	YES	NO
a. Had a license revoked, suspended or otherwise sanctioned by any Board or Agency in any state including Georgia?	<input type="checkbox"/>	<input type="checkbox"/>
b. Been denied issuance of, or, pursuant to Disciplinary Proceedings, refused renewal of a license by any Board or Agency in any state including Georgia?	<input type="checkbox"/>	<input type="checkbox"/>
c. If YES, attach explanation and identify the person to which this applies.		
  
4. *Conviction/Arrest/First Offender:* Has the Designee or anyone holding an ownership or financial interest in this business:
 

	YES	NO
a. Ever been arrested, convicted, or sentenced for any felony or misdemeanor, including DUI or DWI?	<input type="checkbox"/>	<input type="checkbox"/>
b. Ever pled guilty or Nolo Contendere, or been given First Offender Status for any felony or misdemeanor, including DWI or DUI?	<input type="checkbox"/>	<input type="checkbox"/>
c. IF YES to either question, ATTACH <b>CERTIFIED COURT DISPOSITIONS</b> . <i>FAILURE TO PROVIDE COMPLETE AND TRUE INFORMATION may result in the Board's refusal to grant a license. (O.C.G.A. § 43-1-19(a)(2)), and may result in suspension of an issued license (O.C.G.A. § 43-47-8(l)).</i>		
  
5. *Seminars:* Has the Designee attended the PRE-LICENSE SEMINAR?
 

	YES	NO
a. If YES, provide a copy of the seminar completion certificate along with this application.	<input type="checkbox"/>	<input type="checkbox"/>
  
6. *Fingerprints:* Has the Designee had fingerprints scanned by COGENT SERVICES for this application?
 

	YES	NO
a. If YES, the results will be sent directly to the Board Office.	<input type="checkbox"/>	<input type="checkbox"/>

**Georgia Secretary of State  
Professional Licensing Boards Division**

**USED MOTOR VEHICLE DEALER CHANGE OF DESIGNEE APPLICATION  
AFFIDAVIT OF AUTHORIZATION OF THE DESIGNEE**

*DESIGNEE FOR A  
CORPORATION OR LIMITED LIABILITY COMPANY (LLC)*

Corporation Control (CTRL)# \_\_\_\_\_

PLEASE PRINT NAMES: I, \_\_\_\_\_, hereby name  
Name of President or Secretary of Corporation or LLC

\_\_\_\_\_ (*Designee Listed on page 1 of Application*) as the Designated Agent for the Corporation that appears on this application for licensure. This Affidavit gives the Designee all rights and responsibilities of a License Holder on behalf of the Corporation or LLC and shall provide that actions or omissions of the Corporation or LLC, its Officers, Members, Employees, Agents, Assigns, or Designees in violation of the Used Motor Vehicle Dealers Act or in violation of the Used Motor Vehicle Dealers Board Rules shall subject the License Holder and the Corporation or LLC to any sanctions which may be imposed under the Used Motor Vehicle Dealers Acts or under the Used Motor Vehicle Dealers Board Rules.

We understand that the License is not transferrable, and should the Designated Agent terminate employment or otherwise becomes unauthorized to hold the License, submission of a new application will be required.

\_\_\_\_\_  
Signature: President or Secretary of the Corporation or LLC

\_\_\_\_\_  
Date

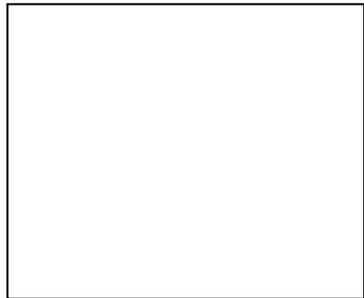
\_\_\_\_\_  
Signature: Designee of Corporation or LLC

\_\_\_\_\_  
Date

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_



NOTARY SEAL



**Georgia Secretary of State  
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APPLICANT AFFIDAVIT

Read each statement below, and, if you agree, initial beside each one.

- I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief.
- I hereby swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Registration of Used Motor Vehicle Dealers & Used Motor Vehicle Parts Dealers, and I agree to abide by these laws and rules, as amended from time to time.
- I understand that if I have knowingly or willfully made a false, fictitious, or fraudulent statement or representation on my application or affidavit, that I will be guilty of a violation of Georgia Code and may face criminal penalties as allowed by such criminal statute.
- I understand that any failure to make full and accurate disclosure may result in disciplinary action by the Board for which I am applying for licensure.
- I understand that if I am found to have been convicted of a felony and have not had all of my civil rights restored pursuant to the law, the Board may suspend my registration without a prior hearing. I shall be entitled to a hearing after the suspension of my registration.

By signing this application, electronically or otherwise, I hereby swear and affirm **one of the following** to be true and accurate pursuant to O.C.G.A. § 50-36-1: (select one)

- I am a United States citizen 18 years of age or older. **You must submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document.** (view approved docs at [www.sos.ga.gov](http://www.sos.ga.gov))
- I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **You must submit a copy of your current immigration document(s), which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE  
ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Designee's Signature  
\_\_\_\_\_  
Designee's Name (Printed)  
\_\_\_\_\_  
DATE

