USED MOTOR VEHICLE PARTS LICENSE INFORMATION

Before you apply for a Parts License, read this section:

Please allow 15 business days to process your application

- BUSINESS LOCATION – Does your local zoning allow you to operate the business at the proposed location? Check with your local authorities to be sure.
- ZONING CERTIFICATION FORM – Must be completed by your local Zoning Authority and submitted with your application, or your application cannot be processed.

FINGERPRINTS –

- You are required to have a fingerprint-processed background check. This is done through a GAPS Service site. Register and set up an appointment time at https://www.aps.gemalto.com/ga/index.htm or via phone 1-888-439-2512. If registering online, select Secretary of State (SOS), and USED MOTOR VEHICLE LICENSE where prompted. The fields should auto-populate with this information: ORI number - GA922400Z / Verification Code 922400Z / Reason for Printing - Used Motor Vehicle Dealer License.
- FEES - Application and license fees are non-refundable and must be submitted along with the application.
- EMAIL ADDRESS - Provide your email address – this is the main communication used by board staff. It will not be shared with anyone else and is for the Board and Board staff’s use only for communication with you.
- CHANGE IN CONTACT INFORMATION - Notify the Board if your email address or other contact information changes. Otherwise, you may miss notifications and messages from the Board or Board staff.

Submit the following with your Used Parts Dealer License Application:

- AN ORIGINAL $10,000 SURETY BOND
  - Bond must expire on December 31st of odd years. (Example: 12/31/2019)
  - Bond must be in the exact name and physical address as appears on application.
  - Bond must have signed Power of Attorney form attached.
  - Bond must be signed (keep a copy for your records).
- AN ORIGINAL CERTIFICATE OF INSURANCE
  - List policy number (WE WILL NOT ACCEPT A BINDER NUMBER).
  - List amount of limits (50K/100K/25K).
  - List LOCATION in exact name and physical address as appears on application.
  - List CERTIFICATE HOLDER as State Board of Registration of Used Motor Vehicle Parts, 237 Coliseum Dr., Macon, GA 31217
- PHOTOS of established place of business which clearly show:
  - Outside of building
  - Signage showing the name of business
  - Inside of office (desk, filing cabinet, landline phone, etc.)
  - Other photos that demonstrate to the Board that your facility is in compliance with rules for established place of business.
- SECURE & VERIFIABLE DOCUMENT such as your Driver’s License or Passport. A complete list of acceptable Secure and Verifiable Documents may be found on the Board’s website: http://sos.ga.gov/admin/files/svd2013.pdf
- Affidavit of Citizenship
- FEES as outlined in the fee schedule and noted on the application
- Your NMVTIS Identification Number
- A copy of your SALES TAX APPLICATION (apply for a sales tax number with the Dept. of Revenue)
- Any CERTIFIED COURT FINAL DISPOSITIONS as required if “YES” is answered to Question #9 on Page 5.
REGULATED METALS RECYCLING LAWS

For additional information on Secondary Metals Recyclers, visit http://add123.com/jsi/georgia-faq.

Georgia recyclers are required to report certain information about the vehicles they handle to the state of Georgia. Auto Data Direct is the authorized agent through which affected Georgia businesses may report the required data.

These Georgia requirements affect scrap metal processors, secondary metal recyclers, or used motor vehicle parts dealers located within the state of Georgia, whether or not the person or business operates from a fixed location.

Under the new regulations:

- Secondary Metal Recyclers must register with their county sheriff.
- Secondary Metal Recyclers may no longer pay cash for purchases (other than in exempt transactions).
- Secondary Metal Recyclers may only purchase and sell Regulated Metal Property between the hours of 7:00 A.M. and 7:00 P.M.
- Secondary Metal Recyclers must obtain and retain additional records regarding purchase transactions.
- Secondary Metals Recycler or licensed used motor vehicle parts dealers are required to use an online process to verify that there is not a security interest or lien on a purchased vehicle, upon the establishment of a lien check process.
- Secondary Metals Recycler or licensed used motor vehicle parts dealers will report NMVTIS data to the state of Georgia, and the state will be responsible for reporting required data to NMVTIS.

The law may apply to any person who buys or sells any scrap metal, whether they are a scrap metal processor, secondary metal recycler, or used motor vehicle dealer or parts dealer or a towing or wrecker business buying or selling scrap metal.
Send check or money order payable to **Used Parts Dealers Board.**

<table>
<thead>
<tr>
<th>Fee Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$150.00</strong></td>
<td>Initial Application Fee. (Non-Refundable)</td>
</tr>
<tr>
<td><strong>$400.00</strong></td>
<td>Fee for operating prior to receiving license (unlicensed practice)</td>
</tr>
<tr>
<td>(Initial fee +</td>
<td></td>
</tr>
<tr>
<td>$250.00 penalty</td>
<td></td>
</tr>
<tr>
<td>fee)</td>
<td></td>
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<tr>
<td><strong>$150.00</strong></td>
<td>Renewal fee on or before December 31 of the renewal year (Non-Refundable)</td>
</tr>
<tr>
<td>on-time renewal</td>
<td></td>
</tr>
<tr>
<td>fee</td>
<td></td>
</tr>
<tr>
<td><strong>$225.00</strong></td>
<td>Renewal after December 31 and before March 1 following the expiration of the</td>
</tr>
<tr>
<td>late renewal</td>
<td>license (Non-Refundable). Renewal on or after March 1st requires new</td>
</tr>
<tr>
<td>fee</td>
<td>application to be submitted for reinstatement of license.</td>
</tr>
<tr>
<td><strong>Lapsed License</strong></td>
<td>On March 1st following the expiration of the license. A lapsed license will</td>
</tr>
<tr>
<td>(for non-renewal)</td>
<td>require submission of a new application and fee in order for the license to</td>
</tr>
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<td></td>
<td>be reinstated.</td>
</tr>
<tr>
<td><strong>$400.00</strong></td>
<td>Reinstatement fee for a lapsed license (Non-Refundable)</td>
</tr>
<tr>
<td>Reinstatement</td>
<td></td>
</tr>
<tr>
<td>fee</td>
<td></td>
</tr>
<tr>
<td><strong>$25.00</strong></td>
<td>Replacement or duplicate license card fee (or you may print these from the</td>
</tr>
<tr>
<td></td>
<td>website at no cost)</td>
</tr>
<tr>
<td><strong>$35.00</strong></td>
<td>License Verification Letter</td>
</tr>
<tr>
<td><strong>$100.00</strong></td>
<td>Roster of Licensed Used Motor Vehicle Parts Dealers (Excel Spreadsheet</td>
</tr>
<tr>
<td></td>
<td>provided via email or CD)</td>
</tr>
</tbody>
</table>
USED MOTOR VEHICLE PARTS DIVISION
237 Coliseum Dr., Macon, GA 31217
(478) 207-2440

USED MOTOR VEHICLE PARTS DEALER LICENSE APPLICATION

I am applying for the following type of license:

___ INITIAL APPLICATION  ___ NEW SALVAGE POOL OPERATOR
___ REINSTATEMENT OF LICENSE # UP_____ ___ LICENSE FOR ADDITIONAL LOT
___ CHANGE OF DESIGNEE (Requires Letter of Release Of Former Designee)

My type of business is: (check all that apply)

___ DISMANTLER & SALVAGE YARD DEALER  ___ REBUILDER  ___ PARTS DEALER

Phone # for Inspectors to call to schedule preliminary inspection: ____________________________
__________________________________________________________________          ____
__________________

TRADE NAME / DBA NAME  FEI #

LICENSE HOLDER (“DESIGNEE”) INFORMATION

Name of Person Authorized as License Holder for the Dealer (“Designee”)  Designee’s Telephone Number
(This person must be authorized on the Affidavit of Authorization of the Designee appropriate form and have fingerprints processed)

Residence Address of Licensee Holder (“Designee”)  City, State, Zip  County
____ Male  ____ Female  ____/____/_______  ______________________________
Date of Birth  Place of Birth

Social Security No.*: ______-____-________
*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 and O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 and 20 U.S.C.A. § 1001.

BUSINESS CONTACT INFORMATION

MAILING ADDRESS  Street Address or P.O. Box  City, State, Zip  County

PHYSICAL LOCATION ADDRESS  Street Address (No P.O. Boxes)  City, State, Zip  County
The physical address must be reflected on Certificate of Insurance and will be the address that appears on printed license and on the website.

EMAIL ADDRESS (required – for board notifications only; will not be shared with third parties)  BUSINESS TELEPHONE NUMBER

☐ Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).
Designee’s Name: ________________________________

The following questions must be answered by the person authorized as Designee for the business. If the business is a sole proprietorship, owner must answer the questions. Attach additional pages if needed for explanations.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>My sales tax number is __________________________________, or attach a copy of your sales tax registration application.</td>
</tr>
<tr>
<td>3.</td>
<td>I understand that I must maintain the records required by the Board Rules for 3 years and have them available at all times for inspection.</td>
</tr>
<tr>
<td>4.</td>
<td>Does another business operate at the location listed on this application? If so, explain: ________________ ____________________________________________________________________</td>
</tr>
<tr>
<td>5.</td>
<td>Has the Designee, or anyone else holding an ownership or financial interest in this business, previously been licensed as an independent used motor vehicle dealer? If so, provide name of person, name of business, and period of licensure: ____________________________________________________________________</td>
</tr>
<tr>
<td>6.</td>
<td>Has the Designee, or anyone else holding an ownership or financial interest in this business, ever held an interest in an independent used motor vehicle dealership? If so, provide name of person, name of business, and period of licensure: ____________________________________________________________________</td>
</tr>
<tr>
<td>7.</td>
<td>Has the Designee, or anyone holding an ownership or financial interest in this business, ever had a license revoked, suspended, or otherwise sanctioned by any board or agency? If yes, provide name of person and explanation: ____________________________________________________________________</td>
</tr>
<tr>
<td>8.</td>
<td>Has the Designee, or anyone holding an ownership or financial interest in this business, ever been denied issuance of, or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in state, including Georgia? If yes, provide name of person and explanation: ____________________________________________________________________</td>
</tr>
<tr>
<td>9.</td>
<td>Has the Designee, or anyone holding an ownership or financial interest in this business, ever been convicted of, pled nolo contendere to, or received First Offender Treatment for a crime? If yes, provide a complete list of all convictions, nolo contendere pleas, or crimes for which First Offender Treatment was given. Detail dates and locations where such convictions, nolo pleas, or First Offender Treatments occurred. Include certified court final dispositions. Failure to provide complete and true information as requested allows the Board to refuse to grant a license (O.C.G.A. § 43-1-19(a)(2)), or if a license is issued because of failure to provide complete and true information, the Board may immediately suspend that license(O.C.G.A. § 43-47-8(l)).</td>
</tr>
</tbody>
</table>
OWNERSHIP/RELATIONSHIP INFORMATION

SOLE PROPRIETORSHIP

| OWNER NAME: ________________________________ | Telephone: ________________________________ |
| RESIDENCE: ______________________________________________________ | Street (Not A P.O. Box) ____________________ | City, State, Zip Code |

CORPORATIONS & LIMITED LIABILITY COMPANIES

| LEGAL NAME OF BUSINESS: ________________________________ |
| DATE REGISTERED WITH GA SECRETARY OF STATE: ________________________________ |
| PRINCIPAL OFFICERS OR MEMBERS (Attached Additional Pages If Needed): |
  | Name: ________________________________ | Title: ________________________________ | Telephone: ________________________________ |
  | Residence: ________________________________ | Street (Not A P.O. Box) ____________________ | City, State, Zip Code |
  | Name: ________________________________ | Title: ________________________________ | Telephone: ________________________________ |
  | Residence: ________________________________ | Street (Not A P.O. Box) ____________________ | City, State, Zip Code |
  | Name: ________________________________ | Title: ________________________________ | Telephone: ________________________________ |
  | Residence: ________________________________ | Street (Not A P.O. Box) ____________________ | City, State, Zip Code |

PARTNERSHIPS

| PARTNERS: |
| Name: ________________________________ | Title: ________________________________ | Telephone: ________________________________ |
| Residence: ________________________________ | Street (Not A P.O. Box) ____________________ | City, State, Zip Code |
| Name: ________________________________ | Title: ________________________________ | Telephone: ________________________________ |
| Residence: ________________________________ | Street (Not A P.O. Box) ____________________ | City, State, Zip Code |
| Name: ________________________________ | Title: ________________________________ | Telephone: ________________________________ |
| Residence: ________________________________ | Street (Not A P.O. Box) ____________________ | City, State, Zip Code |

AFFIDAVIT OF AUTHORIZATION OF THE DESIGNEE
### For a Corporation or Limited Liability Company

I, ______________________________,

President or Secretary of Corporation or LLC

hereby name ______________________________

Name of Designee

as the Designated Agent for the Corporation or LLC 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 Parts 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 Act or under the Used Motor Vehicle Parts Dealers Board Rules.

I understand that should the Designated Agent terminate employment or otherwise become unauthorized to hold the license, submission of a new application will be required to change the Designee.

Signature: President or Secretary of Corporation or LLC ____________  Date ____________

Signature: Designee of Corporation or LLC ____________  Date ____________

### For Partnership

We, the below named partners, hereby name

______________________________

Name of Designee

as the Designated Agent for licensure of the business that appears on this application for licensure. This affidavit gives the Designee all rights and responsibilities of a license holder on behalf of the Partnership and shall provide that actions or omissions of the partnership, its partners, employees, agents, assigns, or designees in violation of the Used Motor Vehicle Dealers Act or in violation of the Used Motor Vehicle Parts Dealers Board Rules shall subject the license holder and the partnership to any sanctions which may be imposed under the Used Motor Vehicle Dealers Act or under the Used Motor Vehicle Parts Dealers Board Rules.

We understand that, should the Designated Agent terminate employment or otherwise become unauthorized to hold the license, an application will be required to change the designee.

Signature: Partner ____________  Date ____________

Signature: Partner ____________  Date ____________

Signature: Designee ____________  Date ____________

### NOTARY:

State of ______________________________

County of ______________________________

Subscribed and Sworn to before me this ______ day of ________________, 20____.

Notary Public Signature: ______________________________

My Commission Expires: ______________________________

ATTACH PHOTO OF DESIGNEE
AFFIDAVIT OF CITIZENSHIP

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 further 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 and Used Motor Vehicle Parts Dealers, and I agree to abide by these laws and rules, as amended from time to time.

I also understand that if I have made a false statement on the application, or 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:

1) _______ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document from the approved list that can be found at http://sos.ga.gov/admin/files/svd2013.pdf.

2) _______ 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. Please 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 _____________________, __________

________________________________________
NOTARY PUBLIC
MY COMMISSION EXPIRES: _____________________
ZONING CERTIFICATION
USED MOTOR VEHICLE PARTS DEALER

THIS IS TO CERTIFY THAT

Dealership Name: ____________________________________________

Owner(s): ___________________________________________________

Street Address ____________________________

City, State, Zip _________________________________________________________________________________

has met all zoning standards that are required to operate the proposed used motor vehicle parts dealer
establishment in the

☑ county / ☐ city of ____________________________________________ and that current zoning

standards will allow a permanent sign on the property that apprises consumers of the dealership.

_______________________________________________________
SIGNATURE OF ZONING COMMISSIONER

_______________________________________________________
PRINTED NAME OF ZONING COMMISSIONER

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_______ DAY OF ______________________, ________

______________________________________________
NOTARY PUBLIC

MY COMMISSION EXPIRES ______________________

NOTARY SEAL
USED MOTOR VEHICLE PARTS DIVISION  
237 Coliseum Dr., Macon, GA 31217  
(478) 207-2440

BOND INFORMATION

Bond Number: ____________________________________  County: ____________________________________

LICENSED LOCATION ADDRESS: ________________________________________________________________

KNOW ALL MEN BY THESE PRESENTS, that we, _____________________________________, as Principal, and  
_________________  ___________________________ as Surety, are held and firmly bound unto HIS EXCELLENCY,  
Governor of Georgia, and his successors in office in the just sum of TEN THOUSAND AND NO/100 ($10,000) DOLLARS, for the use  
and benefit of any purchasers of any used motor vehicle and their vendees or successors in title, for the payment of which, well and  
truly to be made, we bind ourselves, our heirs, executors and assigns, each and every one of them, jointly and severally, by these  
presents.

It is further understood and agreed that this Bond is for a period beginning on the _____ day of ___________, 20______, and  
ending on the 31st day of December, 20_____.

Whereas, the above bound ___________________ __________________, Principal and Dealer, has made  
Business Name application to the State Board of Registration of Used Motor Vehicle Dealers and Used Motor Vehicle Parts Dealers for a license as a  
used motor vehicle parts dealer in accordance with the laws governing State Board of Registration of Used Motor Vehicle Dealers  
and Used Motor Vehicle Parts Dealers:

NOW THEREFORE, the conditions of this obligation are such that if the above bound Principal shall promptly pay all loss,  
damages, and expenses that may be sustained by any purchaser of any used motor vehicle or part, his vendees or successors in  
title, that may be occasioned by reason of any fraudulent misrepresentations as to liens or titles or by any breach of any warranty as  
to liens or titles of such used motor vehicle or part being sold, then the bond is to be void, otherwise, it is to remain of full force and  
effect.

It is a further condition that every person entitled to the protection of this Bond who has not been reimbursed for all loss,  
damages, or expenses occasioned by reason of any fraudulent misrepresentation as to liens or titles or by any breach of warranty as  
to liens or titles of such used motor vehicle or part being sold shall have the right to sue on this Bond for amount of said loss,  
damages, and expenses unpaid at the time of the commencement of such action and to prosecute such action to final execution and  
judgment for the sum due him/her.

It is agreed that this Bond is executed pursuant to and in accordance with the provisions of O.C.G.A. Section 43-47-8(g) et seq, governing the registration of used motor vehicle dealers and used motor vehicle parts dealers in Georgia, and is intended to be  
and shall be construed to be a Bond in compliance with the requirements thereof.

IN WITNESS WHEREOF, the Principal and Surety have caused these presents to be duly signed and executed under seal,  
this _____ day of __________________, 20_____.

Licensee (Principal) Signature  
_________________________________________________  
Surety – Name of Company  
_________________________________________________

By Attorney-in-Fact  
_________________________________________________

Address  
_________________________________________________

Countersigned: ____________________________________  
 
Resident Agency Signature

Bond must be signed. Power of Attorney must be submitted with Bond. Cancellation Clause – “No licensee shall cancel, or cause to be cancelled,  
a bond issued pursuant to the Code Section unless the Board is informed in writing by a certified letter at least 30 days prior to the proposed  
cancellation.” O.C.G.A. Section 43-47-8(i)