

GEORGIA STATE BOARD OF USED MOTOR VEHICLE DEALERS AND USED MOTOR VEHICLE PARTS DEALERS

USED MOTOR VEHICLE DEALER/PARTS DEALER LICENSE REQUEST FOR NAME CHANGE and/or ADDRESS CHANGE

Rules regarding the requirement for submitting a request for change of name or address:

681-5-.01 Change in Name of Business. -

Should a currently licensed dealer change the name of the dealership as licensed by the Division, he shall be required to submit a Request for Change of Name form within thirty (30) days of the change of name.

681-5-.02 Change of Location.

- (1) In the event the location of the business is changed, the dealer shall, within thirty (30) days of the relocation, submit a Change of Location request form and submit appropriate photographs as required by Rule 681-3-.02.
- (2) Provided the new location meets the requirements of the Act and the Rules, the Division shall approve the change of location without charge.
- (3) If the new location fails to meet the requirements, the licensee shall be given thirty (30) days to comply with the Act and these Rules. Thereafter, the licensee shall cease to operate as a used car dealer until the requirements have been met.
- (4) Division approval of a change of location cancels the rights of the licensee to do business at the previous location.
- (5) If a licensee's location is vacated for thirty (30) days without application for change of address, a hearing for revocation of the license may be called.

**Licenses are issued in the trade name of the business, if a trade name is listed.

CHANGE OF OWNERSHIP or STATUS BETWEEN INDIVIDUAL, PARTNERSHIP, or CORPORATION requires a NEW APPLICATION and FEE. Download the application from www.sos.ga.gov.

If the business is a CORPORATION, attach a copy of your CERTIFICATE OF NAME CHANGE AMENDMENT from the CORPORATIONS DIVISION.

CHECKLIST for NAME CHANGE:

- Photograph of sign showing new name
- Bond or Bond Rider showing new name
- ORIGINAL** CERTIFICATE OF LIABILITY INSURANCE showing new name
- If CORPORATION, attach CERTIFICATE OF NAME CHANGE AMENDMENT
- Optional – request for traditional replacement card – fee is \$25.00 (non-refundable); a replacement license can be printed online at no cost. If ordering a card, please mail request and payment separately from application.

CHECKLIST for ADDRESS CHANGE:

- Photograph(s) of the current location, including sign and building where records will be kept, and one interior photo of the office area
- Bond or Bond Rider showing new address
- ORIGINAL** CERTIFICATE OF LIABILITY INSURANCE showing new location address
- ZONING APPROVAL FORM completed, signed and notarized
- Optional – request for traditional replacement card – fee is \$25.00 (non-refundable); a replacement license can be printed online at no cost. If ordering a card, please mail request and payment separately from application.

**THE BOARD DOES NOT ACCEPT APPLICATIONS BY FAX OR EMAIL
THIS APPLICATION MUST BE MAILED TO THE BOARD OFFICE**

237 Coliseum Dr., Macon, GA 31217 ~ (404) 424-9966

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CHANGE OF NAME and/or ADDRESS FORM

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.

License Number

Name of Business (as it appears on the current license)

Current Location Address (as it appears on current license) – Address, City, State, Zip, County

REQUESTED CHANGE(S):

New Name of Business

New Location Address – Address, Suite #, City, State, Zip, County

Phone #

Contact # for Inspection

Email Address (required) - Your email address will not be shared with any third party.

MAILING ADDRESS CHANGE ONLY (NO FEE REQUIRED)

Complete the form below and submit to the Board Office for change of mailing address

New Mailing Address (street or PO Box), City, State, Zip

SIGNATURE REQUIRED:

Printed Name of Licensee (as it appears on the License)

Signature of Licensee (as it appears on the License)

NOTE: Optional - If you would like to order a new Licensing and Pocket Card (“blue card”) showing the name change, submit the request along with a \$25.00 fee to the Board Office or order online. A copy of your license can be printed by you at no cost from the SOS website. If submitting the request and application at the same time, include two separate checks – one for the blue card fee and one for the application fee.

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ZONING CERTIFICATION

This is to certify that the property listed as:

DEALERSHIP NAME	OWNER
STREET ADDRESS	CITY, STATE, ZIP CODE

is currently zoned for use as a Used Motor Vehicle Dealer or 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.

- This Used Motor Vehicle Dealer is not allowed to store inventory or display used motor vehicles for sale at any time.

- This Used Motor Vehicle Dealer will operate an "Open Lot" and may display a maximum of _____ vehicles for sale at any one time.

Signature of Zoning Commissioner

Printed Name of Zoning Commissioner

SWORN TO AND SUBSCRIBED BEFORE ME THIS
_____ DAY OF _____, 20__

NOTARY PUBLIC

My Commission Expires _____

Georgia requires a legible ink seal for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal legible when digitized.

NOTARY SEAL