



Georgia State Board of Registration of Used Motor Vehicle Dealers and Used Motor Vehicle Parts Dealers

Used Motor Vehicle Dealer Division

APPLICATION INFORMATION:

Please read the following instruction sheet very closely.

The Used Motor Vehicle Board reviews applications at least six times per year. View meeting dates at <https://sos.ga.gov/georgia-state-board-registration-used-motor-vehicle-dealers>.

To be eligible for Board review, applications must:

- Have all required documentation submitted to the Licensing Board along with the completed application; incomplete applications will delay processing.
- Include a valid email address for communication about your application and license. Notify the Board of any email address change. Your email address will not be shared with any third party.

Status Check: You may check the status of your application on the Board's website once it has been processed into the system.

Licensing Period / Renewal Period: Used Motor Vehicle Dealer licenses are valid for 2 years and expire on March 31st of even numbered years. You must renew your license before March 31st of each even numbered year and have completed the necessary continuing education and other renewal requirements by that date in order to maintain your license in good standing. An initial license issued by the Board may be valid for a shorter period of time depending on when it was issued.

Inspection: A preliminary inspection will be conducted for New Applicants prior to issuance of a license by the Board. **Do not** submit your application until your proposed facility is READY FOR INSPECTION. A failed inspection will delay review of your application until all deficiencies are satisfied.

Dealers operating from an office suite: Used Motor Vehicle Dealers who operate from an office suite must comply with the requirements for an established place of business, as defined in O.C.G.A. § 43-47-2(3). CAREFUL CONSIDERATION SHOULD BE GIVEN TO ENSURE THAT ZONING FOR THE SELECTED LOCATION WILL MEET THE LICENSURE REQUIREMENTS.

INFORMATION TO BE SUBMITTED WITH APPLICATION

1. A Complete Application:

- a. application fee - **Processing fee of \$10 shall be included in addition to the application fee.**
- b. secure & verifiable document (identification as noted on page 10 of application package)
- c. surety bond & power of attorney
- d. certificate of insurance
- e. photographs of established place of business (inside, outside, signage)
- f. certificate of zoning compliance
- g. affidavits (included in application packet)
- h. proof of education
- i. fingerprint scan at an approved GAPS service site. Results of the fingerprint-based background check will be available for Board review after the fingerprint process is complete.

- 2. Fees:** See fee schedule. Make checks payable to the Used Motor Vehicle Dealer Board. Please review your application before submitting to ensure all information and documentation is complete and correct. Incomplete applications are withdrawn after sixty (60) days. Once an application is withdrawn, you will need to submit a new application with all appropriate fees and documents.

3. **Bond: \$35,000 Surety Bond** (executed with a surety company)
 - a. Bond must expire on March 31 of even years.
 - b. Bond must be in **exact** name of the business.
 - c. Bond must be an **original** and have “**power of attorney**” attached.
 - d. Bond must be **signed** and you should keep a copy for your files.
 - e. **NOTE:** A separate Bond is required for each licensed location.

4. **An ORIGINAL CERTIFICATE OF INSURANCE on an Acord Form** (provided by insurance agency) indicating:
 - a. Policy number (binders will not be accepted)
 - b. Limit Amounts – minimum of 50K/100K/25K, or single limit of \$125,000
(GARAGE LIABILITY COVERAGE must be shown; AUTOMOBILE LIABILITY ONLY will not be accepted)
 - c. “Location” on certificate must show **exact** name and address as shown on application.
 - d. “Certificate Holder” must be State Board of Used Motor Vehicle Dealers, 237 Coliseum Drive, Macon, GA. 31217

5. **Established Place of Business Requirements:** (submit photos with application)
 - a. Established place of business, to include a sales room or sales office:
 - i. in a building –**or-**
 - ii. on an open lot of a retail used motor vehicle dealership –**or-**
 - iii. at which a permanent business of bartering, trading, offering, displaying, selling, or buying is carried on, –
or-
 - iv. at a place of business at which the books, records and files necessary to conduct such business are kept.
NOTE: O.C.G.A. § 43-47-2(3)

 - b. **LANDLINE TELEPHONE & SIGNAGE** - At each designated sales location there shall be a working LANDLINE TELEPHONE listed in the licensee’s trade name and where the licensee maintains appropriate signage whereby a consumer would know the business of used motor vehicle sales is taking place. At this time, computer phones, VOIP phones, cellular phones, etc., **are not acceptable** to meet the landline phone requirement.

6. **Seminar Attendance:** You are required to attend a pre-licensing seminar. At this time, the Board approved education providers are *E-Learning, GIADA, and Ron Widener*. Their contact information is posted on the website – www.sos.ga.gov.

7. **You must apply for a State Sales Tax Number** with the State Department of Revenue - (404) 417-4490. Sales tax number or copy of sales tax application must be included with your application to the Licensing Board. After you have been issued your Used Motor Vehicle Dealers License, contact the Master Dealers Tag office at (404) 362-6500.

8. **Fingerprint-based background check. New GBI security requirements state that applicants must have an application on file with the Board BEFORE they can be fingerprinted.** For fingerprint scanning, you MUST pre-register at <https://www.aps.gemalto.com/ga/index.htm> or via phone by calling Cogent Systems at 1-888-439-2512 for an approved GAPS service site. **Internet Explorer works best when registering online. On the site homepage, select Georgia GAPS, then Secretary of State (SOS), and USED MOTOR VEHICLE DEALER LICENSE. Once you are on the registration page, complete the fields as indicated.**
 - a. The ORI number field should show GA922400Z
 - b. Verification Code, if needed, is 922400Z
 - c. Reason for Printing - Used Motor Vehicle Dealer License
 - d. If you are a Georgia Resident, DO NOT CHECK THE “Fingerprint Card User”.
 - e. If you are not a Georgia resident, do check the “Fingerprint Card User” box and submit fingerprint cards as required.

Once Board staff verifies there is an application on file, the applicant will receive email notification from the GBI/GAPS to report to their chosen fingerprint site.

9. **Applicants applying as a corporation or partnership** are strongly encouraged to review Board Rules 681-12-.01 and 681-12-.02, which can be found at: <https://sos.ga.gov/georgia-state-board-registration-used-motor-vehicle-dealers>.

10. If you answer “YES” to any question on the Background Section pertaining to convictions, you must include further information on all convictions, including date(s) and place(s) of conviction(s) and arrest(s) AND CERTIFIED COPIES OF THE COURT FINAL DISPOSITION(S) related to same. Remember, a background check is conducted on each applicant, and those results are reported to the Board when your application is presented. **Failure to disclose prior arrests or convictions may incur penalties up to and including denial of your application.**
11. **Incomplete applications delay processing.** Your application will not be reviewed by the Board until all information has been received by the Licensing Board. **Allow 15 business days for processing after submitting the application. Check the License Verification page on the website frequently to determine if your license has been issued.** If you have received no communication from the Licensing Board after 15 days, contact the Board to inquire about your license status. Applications that are not complete will be withdrawn after 60 days. Once an application is withdrawn, a new application, applicable fees, and all required documents must be re-submitted to the Board for review.

Before mailing application **STOP and REVIEW** the following Check List: Applications will not be reviewed by the Board until they are complete.

- 1. Did you answer every question on your application?
- 2. Is your application signed and notarized?
- 3. Did you include the **ORIGINAL** \$35,000 Surety Bond and **Power of Attorney**? Did you **sign the Bond**?
- 4. Is the name on the Surety Bond the same as the name on the application?
- 5. Did you include your **ORIGINAL** Certificate of Insurance?
- 6. Is the name and address on your Certificate of Insurance the same as the name on the application?
- 7. Does the “Certificate Holder” show the name and address of the Licensing Board?
- 8. Did you submit proof of your pre-license seminar attendance?
- 9. Did you submit a copy of your ST-2 or submit the sales tax number?
- 10. Have you **pre-registered for fingerprinting** at <https://www.aps.gemalto.com/ga/index.htm>?
- 11. If you have a criminal history, did you include documentation as requested?
- 12. Have you included photos of your business facility (inside and outside) and signage?
- 13. Do you have a working **landline** telephone in your established place of business? (**not** cell, VOIP, etc.)
- 14. Did you submit the required license fee?
- 15. Have you obtained certification by the local zoning authority?

If you have questions concerning this application or application process, contact the Licensing Boards Division at (844) 753-7825 or write to:

State Board of Registration of Used Motor Vehicle Dealers
& Used Motor Vehicle Parts Dealers
Used Motor Vehicle Dealers Division
237 Coliseum Drive
Macon, Georgia 31217

FEE SCHEDULE

NOTE! Fees are non-refundable. Make checks payable to Used Motor Vehicle Dealer Board.

INITIAL LICENSURE	
Application Fee	\$170.00
License for Additional Lots	\$170.00
RENEWAL OF LICENSE Licenses expire on March 31st of EVEN Numbered Years**	
Renewal Fee on or before March 31 st of even numbered years	\$150.00
Late Renewal Fee received April 1 st – April 30 th of even numbered years	\$250.00
Lapsed License – Reinstatement Fee **License not renewed by June 1 of even numbered years will be administratively revoked and will require Reinstatement. Reinstatement requires submitting a new application, all pertinent information as stated on application, and reinstatement fee. Reinstatement is not guaranteed and is at the Board’s discretion.	\$420.00
OPTIONAL ITEMS	
Duplicate License – ordered online	\$25.00
Duplicate License – printed by you from website	no cost
License Verification Letter	\$35.00
Roster of Licensed Used Motor Vehicle Dealers (Excel Spreadsheet provided via email or CD)	\$100.00
Application Processing Fee	\$10.00



GEORGIA STATE BOARD
REGISTRATION of **USED MOTOR**
VEHICLE DEALERS AND **USED**
MOTOR VEHICLE PARTS DEALERS

237 Coliseum Drive • Macon, GA 31217
 Phone (404) 424-9966

<https://sos.ga.gov/georgia-state-board-registration-used-motor-vehicle-dealers>

Date Entered _____
Receipt # _____
Submitted \$ _____

APPLICATION FOR USED MOTOR VEHICLE DEALER LICENSE

(Application Fees are Non-Refundable & Non-Transferrable)

Please review your application before submitting to ensure all information and documentation is complete and correct. Incomplete applications are withdrawn after sixty (60) days. Once an application is withdrawn, you will need to submit a new application with all appropriate fees and documents.

Reason for Application (Check Only One Box):

- Initial Application for Licensure **\$170 + \$10 Processing Fee**
- Reinstatement of UCAR License # _____ **\$420 + 10 Processing Fee**
- Additional Lot (Supplemental) License **\$170 + \$10 Processing Fee**

- Check here if you are a "Motor Vehicle Broker" as defined in O.C.G.A. §43-47-2(8)

TRADE NAME (DBA): _____ **FEI #:** _____

DESIGNEE NAME: (Person authorized as License Holder for the Dealer) *(This person must be authorized on the appropriate form, attend the pre-licensing seminar, and have fingerprints processed.)*

DESIGNEE'S PERSONAL ADDRESS – Street, Apt #, City, State, Zip – **NO P.O. BOXES**

Social Security #*: _____ - _____ - _____ Date of Birth: ____/____/____

MAILING ADDRESS:

Street Address, Suite Number, City, State, Zip, County

EMAIL ADDRESS (required):

PHYSICAL LOCATION ADDRESS (Address will appear on license):

Street Address, Suite Number (PO Box is *NOT* acceptable), City, State, Zip, County

LANDLINE TELEPHONE NUMBER:

ALTERNATE PHONE NUMBER (for inspection):

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.

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.

What is your sales tax number? (or attach a copy of your ST-2) _____

You must answer the following questions and provide additional documentation if necessary.	YES	NO
Is there another business operating at this location? If Yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
1. <i>Previous license or interest in dealership:</i> Has the Designee or anyone else holding an ownership or financial interest in this business		
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: _____		

2. <i>License Denial/Revocation:</i> Has the Designee or anyone holding an ownership or financial interest this business ever:		
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.		
3. <i>Conviction/Arrest/First Offender:</i> Has the Designee or anyone holding an ownership or financial interest in this business:		
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 CERTIFIED COURT DISPOSITIONS . <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>		
4. <i>Seminars:</i> Has the Designee attended the PRE-LICENSE SEMINAR?	<input type="checkbox"/>	<input type="checkbox"/>
a. If YES, provide a copy of the seminar completion certificate along with this application.		
5. <i>Fingerprints:</i> Has the Designee pre-registered for fingerprinting with COGENT SERVICES for this application?	<input type="checkbox"/>	<input type="checkbox"/>

OWNERSHIP / RELATIONSHIP INFORMATION
(Complete only the section that applies to your business type)

COMPLETE THIS PART IF YOU ARE A SOLE PROPRIETORSHIP

Sole Proprietorship Owner's Name: _____		
RESIDENCE: _____		
Street Address (NOT A P.O. BOX)	City, State, Zip	Phone

COMPLETE THIS PART IF YOU ARE A CORPORATION OR LIMITED LIABILITY COMPANY (LLC)

Legal Name of Business: _____		
Date Registered with Georgia Secretary of State: ____/____/____		
LIST OF PRINCIPAL OFFICERS		
NAME: _____		TITLE: _____
RESIDENCE: _____		
Street Address (NOT A P.O. BOX)	City, State, Zip	Phone
NAME: _____		TITLE: _____
RESIDENCE: _____		
Street Address (NOT A P.O. BOX)	City, State, Zip	Phone
NAME: _____		TITLE: _____
RESIDENCE: _____		
Street Address (NOT A P.O. BOX)	City, State, Zip	Phone

COMPLETE THIS PART IF YOU ARE A PARTNERSHIP

LIST OF PARTNERS		
NAME: _____		TITLE: _____
RESIDENCE: _____		
Street Address (NOT A P.O. BOX)	City, State, Zip	Phone
NAME: _____		TITLE: _____
RESIDENCE: _____		
Street Address (NOT A P.O. BOX)	City, State, Zip	Phone
NAME: _____		TITLE: _____
RESIDENCE: _____		
Street Address (NOT A P.O. BOX)	City, State, Zip	Phone

**AFFIDAVIT OF AUTHORIZATION
OF THE DESIGNEE
FOR A CORPORATION OR LIMITED LIABILITY COMPANY (LLC)**

PLEASE PRINT:

I, _____, hereby name _____
(President or Secretary of Corporation or LLC) *(Designee's Name as entered on Page 1)*

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 Act or under the Used Motor Vehicle Dealers Board rules.

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

President or Secretary of Corporation or LLC

DATE

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: _____

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

**AFFIDAVIT OF AUTHORIZATION OF THE DESIGNEE
FOR A PARTNERSHIP**

PLEASE PRINT:

WE, THE BELOW NAMED PARTNERS, HEREBY NAME

(Designee's Name as entered on Page 1 of Application)

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 corporation 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 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 Dealers Board rules.

We 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.

PARTNER	DATE	DESIGNEE	DATE
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PARTNER	DATE
---------	------

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

NOTARY PUBLIC
My Commission Expires: _____

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NOTARY SEAL

APPLICANT AFFIDAVIT

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 & 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. **You must submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document.**

- 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. **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. When submitting a "green card", please provide a copy of the front and back of the card.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has attached at least one Secure and Verifiable Document, as required by O.C.G.A. § 50-36-1(f)(1), with this Affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Print Name of Applicant

Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____ 20_____

NOTARY PUBLIC SIGNATURE
MY COMMISSION EXPIRES:

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NOTARY SEAL

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 appraises 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 _____

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NOTARY SEAL



STATE BOARD OF REGISTRATION OF USED MOTOR VEHICLE DEALERS
AND USED MOTOR VEHICLE PARTS DEALERS - USED MOTOR VEHICLE DIVISION

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 THIRTY-FIVE THOUSAND AND NO/100 (\$35,000) 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 _____, _____, and ending on the 31st day of March, _____.

Whereas, the above bound _____, Principal and Dealer, has made 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 dealer in accordance with the laws governing the used motor vehicle dealers of the State of Georgia:

NOW THEREFORE, the conditions of this obligation are such that if the above bound Principal shall comply with the conditions of any written contract or written warranty by such dealer or his agent, made in connection with the sale or exchange of any motor vehicle and shall pay all loss, damages, and expenses that may be sustained by any purchasers of any used motor vehicle and their vendees or successors in title by reason of any fraudulent misrepresentation as to liens against or titles to any used motor vehicle then the bond is to be void, otherwise it is to remain of full force and effect.

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 _____, _____.

Name of Surety Company

Signature of Licensee (Principal)

Address, City, State, Zip

Countersigned: _____
Resident Agency

By Attorney-in-Fact

NOTE: BOND MUST BE SIGNED and the POWER OF ATTORNEY MUST BE ATTACHED.

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. § 43-47-8(i).