

**Georgia Secretary of State
Professional Licensing Boards Division
Used Motor Vehicle Parts Dealer Division**

**INSTRUCTIONS FOR APPLICATION TO
CHANGE THE DESIGNEE
OF A USED MOTOR VEHICLE PARTS DEALER LICENSE**

- This form is NOT for submitting address changes. You must complete this form using the address currently on file with the board office.
- For address changes, submit a *Change of Location or Name form* available on our website.
- A valid email address is required by the Professional Licensing Board.
 - Acknowledgement of receipt of your application will be sent by email. If additional information is needed, it will be requested via email. Notifications regarding license renewal are sent via email.
 - Notify the Board promptly of an email address change.
 - Your email address will not be shared with any third party.
- Make sure the names match - The person listed on the first page of the application who is authorized to hold the license must be the person who is authorized as Designee on the appropriate Affidavit of Authorization of Designee.
- - The affidavits included in the application give authority to the person listed as the Designee to hold the license and be responsible for the daily operations of the business.
 - Complete the appropriate affidavit that corresponds with your business ownership type - corporation, Limited Liability Company or partnership.
- **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.fieldprintgeorgia.com/>. **On the site homepage, select “For Individuals” on the top ribbon, then “Schedule Appointment”.** **On the next page, click “Sign Up” and follow the instructions on the screen. Once you have created an account, verified, and logged in to the registration page, complete the fields as indicated.**
 - a. Click on the “Secretary of State (SOS)” tile.
 - b. Click on “Used Motor Vehicle Dealer License” tile.
 - c. Under Reason for Fingerprinting – Choose Used Motor Vehicle Dealer License.
 - d. Complete the Data Collection pages, Biometric Disclosure, and GA Privacy Statements.

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.

**** If your fingerprints are rejected for any reason, you will be contacted via email by FIELDPRINT with instructions on how you can be scheduled to be reprinted.**

 - e. 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.
 - f. 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.

Georgia State Board of Registration of Used Motor Vehicle Dealers
 & Used Motor Vehicle Parts Dealers
Used Parts Dealers Division
 237 Coliseum Dr., Macon, Ga 31217
 (404) 424-9966

DO NOT WRITE IN THIS SECTION	
Receipt # _____	
Amount _____	
Applicant # _____	
Initial _____	Date _____

APPLICATION FOR CHANGE OF DESIGNEE FOR A USED PARTS DEALER
Application Fee \$100 + \$10 Processing Fee
 (Fees are Non-refundable)

Trade Name of Business (as appears on the license): _____

License #: _____ Email Address (required for notifications) _____

Mailing Address :

_____ Address _____ Suite # (if applicable) _____

_____ City, State, Zip _____ County _____ Telephone _____

Physical Location Address (will show on license and online; if different than address on license, an address change request must be submitted.)

Street Address (PO Box Not Acceptable) _____

_____ City, State, Zip _____ County _____ Business Telephone _____

INFORMATION CONCERNING THE NEW DESIGNEE

_____ Person Authorized to Hold License for The Dealer (Designee) Gender: _____ MALE _____ FEMALE

_____ Residence Address of Designee _____ City, State, Zip _____

Date of Birth: ____/____/____ Place of Birth: _____ Social Security No.*: ____-____-____

*Information authorized to be obtained & disclosed to state & 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 designee for the business. If business is a sole proprietorship, owner must complete questions.

- List your sales tax number _____
- Has the designee or anyone else holding an ownership or financial interest in this business previously been licensed as a used motor vehicle parts dealer, or ever held an interest in a used motor vehicle parts dealership? If yes, provide name of the person, business and period of licensure: _____ **YES NO**
- 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, or ever been denied issuance of, or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state? If yes, attach explanation, identifying the person. **YES NO**
- Has the designee or anyone holding an ownership or financial interest in this business ever been arrested, convicted, sentenced, pled guilty or nolo contendere, or been given first offender status for a felony, misdemeanor, DWI, DUI, or other offense? If so, attach certified court dispositions. *Board has authority to refuse to grant license for failure to provide complete and true requested information (O.C.G.A. § 43-1-19(a)(2)). If failure to provide complete and true information results in granting license, Board has authority to **suspend** that license(O.C.G.A. § 43-47-8(l)).* **YES NO**
- Has the designee had fingerprints scanned by Cogent Services for this application? *Board office will receive results from Cogent Services.* **YES NO**

USED MOTOR VEHICLE PARTS DIVISION

237 Coliseum Dr., Macon, GA 31217 – (844) 753-7825 – www.sos.ga.gov

AFFIDAVIT OF AUTHORIZATION OF THE DESIGNEE

**Designee for a Corporation
or Limited Liability Company (LLC)**

Please print names.

I, _____,
President or Secretary of Corporation or LLC

hereby name _____
Designee Listed on Page 1 of Application

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 the license is not transferrable, and should the Designated Agent terminate employment or otherwise becomes unauthorized to hold the license, 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: _____

SEAL

**Designee for a
Partnership**

Please print names.

We, the below named Partners, hereby name

Designee Listed 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 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 the license is not transferrable, and should the Designated Agent terminate employment or otherwise becomes unauthorized to hold the license, a new application will be required.

Partner Date

Partner Date

Designee Date

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____.

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

SEAL

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 from the approved list that can be found at www.sos.ga.gov.**

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.**

STATE OF GEORGIA
COUNTY OF _____

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

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

SIGNATURE OF DESIGNEE

PRINT NAME

DATE