

To: Tag/Title Service Applicants

From: Gwinnett County Department of Motor Vehicles

RE: Tag/Title Service Company Registration

Thank you for your interest in registering as a tag/title service with Gwinnett County.

Please complete the attached Tag/Title Service Company Registration Form in its entirety and return it to our Dealer, Mail & Fleet Branch. A photocopy of your business license is required along with a photocopy of your driver's license and social security number.

An additional requirement of a \$50,000 fidelity bond is required. Pursuant to Georgia Code 40-2-25, the fidelity bond must indicate payable to, in favor of and for the protection of the Gwinnett County Tax Commissioner's Office. You may submit this bond with your registration application or you may submit the bond after your registration application is reviewed and approved; however, the bond must be submitted to our office and approved prior to conducting business with Gwinnett County. You will be notified within 14 calendar days of the approval status of your tag/title registration application and fidelity bond.

Complete the entire tag/title service registration application to prevent any delay of your ability to conduct business with Gwinnett County. If you have any questions or require additional information, contact our Dealer, Mail & Fleet Branch at 678-377-4203.

TAG/TITLE SERVICE COMPANY REGISTRATION FORM

State of _____

County of _____

Primary name of Tag/Title Service Company: _____

PLEASE NOTE

This registration form must be completed in full and submitted to the Gwinnett County Tax Commissioner's Office - Dealer, Mail & Fleet Branch. Failure to submit the properly-completed form on a timely basis will result in a substantial delay in the approval of your registration, which must be completed prior to doing business with Gwinnett County. Information must be typed or printed, signed and sworn by the owner(s) of the company or signed and sworn by the president or secretary of a corporation.

SECTION I-A: FOR USE BY NON-INCORPORATED TAG/TITLE SERVICE COMPANIES

List the complete name, home address, length of residence, phone number and social security number of all individuals with ownership interest in the company. A photocopy of each person's driver's license must also be submitted with this application.

Name of Owner(s)	Home Address & Phone	Social Security #	Length of Residence
1. _____	_____ _____ _____	_____	_____
2. _____	_____ _____ _____	_____	_____
3. _____	_____ _____ _____	_____	_____
4. _____	_____ _____ _____	_____	_____
5. _____	_____ _____ _____	_____	_____

SECTION I-B: FOR USE BY INCORPORATED TAG/TITLE SERVICE COMPANIES

- 1. Name of corporation: _____
- 2. Address of principal office in GA: _____
- 3. Name of manager of tag/title service company division (if the company is a division of a major diversified corporation): _____
- 4. Date of incorporation: _____
- 5. State of incorporation: _____

SECTION II

List the names, addresses and phone numbers in which such service shall operate, including all branch offices.

Name of Tag/Title Service Number	Business Address	Phone Number
1. _____	_____ _____	_____
2. _____	_____ _____	_____
3. _____	_____ _____	_____
4. _____	_____ _____	_____
5. _____	_____ _____	_____

SECTION III

List the names of the Georgia counties in which the company will do business.

_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION IV

List the Georgia cities and counties where a business license or permit has been obtained as a tag/title service company, the date obtained and the license/permit number.

City or County	Date Obtained	License/Permit Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

SECTION V

List employee names and associates of the tag/title service company. Give a brief description of the specific training and experience each has in completing tag application forms, title application forms and computing motor vehicle fees and taxes.

Employee/Associate Name	Experience (where obtained/how long)
1. _____	_____ _____
2. _____	_____ _____
3. _____	_____ _____
4. _____	_____ _____
5. _____	_____ _____

SECTION VI

List the names of each owner or diversified corporation manager, employee and associate of the tag/title service who has been engaged in a same or similar service in the three years prior to this registration application and the names and addresses of tag/title service companies with which such individuals were previously associated.

Employee/Associate Name	Name & Address of Previous Associations	Dates From/To
1. _____	_____ _____ _____	_____
2. _____	_____ _____ _____	_____
3. _____	_____ _____ _____	_____
4. _____	_____ _____ _____	_____
5. _____	_____ _____ _____	_____

I (we), the undersigned owner(s) of _____ do hereby affirm that the
(Name of Tag/Title Service Company)
 foregoing information is true and correct. I (we) also state that I (we) will comply with the Rules and Regulations promulgated by the Department of Revenue of the State of Georgia governing the operation of tag/title service companies within this state.

Witness my (our) hand(s) and seal(s) this
 _____ day of _____, 20____.

(Notary Public)

(Printed Name and Signature of Owner)

(Notary Public)

(Printed Name and Signature of Owner)

(Notary Public)

(Printed Name and Signature of Owner)

