



Georgia Department of Revenue - Motor Vehicle Division Affidavit of Authority to Receive Title(s) and/or Title Documents for a Company, Corporation or Partnership



ANY CORRECTION OR ALTERATION WILL VOID THIS FORM

The Georgia Department of Revenue - Motor Vehicle Division retains this affidavit for two (2) years from the date received.

Purpose of this affidavit: This affidavit is to certify an appointed attorney-in-fact's authority to receive delivery of titles or title documents on behalf of a company, corporation, or partnership ("Business Entity").

Completing this affidavit: This affidavit must be completed in its entirety, legibly printed in blue or black ink or typed.

Section A: Record the Business Entity's name, street address, telephone number and e-mail address. Provide the full legal name of the appointed attorney-in-fact.

Section B: Certify before a commissioned notary that all statements are true and accurate.

Section C: The commissioned notary public must complete this affidavit with the sworn and subscribed date, their full legal name, physical address, e-mail address, telephone number, signature, commission expiration date and notary seal or stamp.

How to submit this affidavit: The appointed attorney-in-fact must submit two (2) completed original affidavits along with all required documents to the Georgia Department of Revenue - Motor Vehicle Division, Customer Service Operations Section. Please **drop off documents** in the MVD Drop-Off Box located at 4125 Welcome All Road, Atlanta, Georgia 30349 or **mail documents** to Attn: Customer Service Operations, DOR/Motor Vehicle Division, P.O. Box 740382, Atlanta Georgia 30374-0382.

Required documents: A copy of the grantor's driver's license is required upon initial receipt of this affidavit.

General information: The Motor Vehicle Division will return one (1) original, stamped affidavit to the appointed attorney-in-fact indicating that it is on file and valid for two (2) years from the date received. The authorized attorney-in-fact must then submit a legible **copy** of the stamped affidavit with each set of documents when he/she is authorized to pick up title(s) or title documents on behalf of your company, corporation, or partnership.

A BUSINESS ENTITY (COMPANY, CORPORATION OR PARTNERSHIP) INFORMATION

Business Entity's Name:

Street Address:

Street No.	Street Name	Apt/Suite No.	City	State	ZIP Code
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E-mail Address:

Telephone No.:

Printed Name of Attorney-in-Fact Appointed to Receive Title(s) and/or Title Documents for Business Entity:

B CERTIFICATION

On behalf of the Business Entity named above, I hereby certify that the appointed attorney-in-fact identified in this affidavit has the authority to receive delivery of titles or title documents on behalf of the company, corporation, or partnership.

Officer's, Partner's or Owner's Printed Name:

Officer's, Partner's or Owner's Signature:

Date:

C NOTARY PUBLIC ACKNOWLEDGEMENT

Sworn to and subscribed before me this

day of

Month

Year

Notary Seal or Stamp

Notary Public's Full Legal Name:

Physical Address:

E-mail Address:

Telephone No.:

Signature of Notary Public:

Commission Expires: