



ANTHONY BUFFUM

Director, Department of Motor Vehicles

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. In order to ensure quality service to our customers and fulfill our obligations as the tax collector for Gwinnett County, we need your assistance.

Please complete the attached Tag/Title Service Company Registration Form in its entirety and return it to the Dealer, Mail and Fleet (DMF) tag branch of the Gwinnett County Department of Motor Vehicles. 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 \$50,000.00 fidelity bond will be 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 opt to 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, please feel free to contact the DMF office at 678-377-4203.

STATE OF GEORGIA, DEPARTMENT OF REVENUE TAG/TITLE SERVICE COMPANY REGISTRATION FORM

STATE OF _____

COUNTY OF _____

PRIMARY NAME OF TAG/TITLE SERVICE COMPANY: _____

EXPLANATORY NOTE AND INSTRUCTIONS: PLEASE READ CAREFULLY

In 1977, the Session of the General Assembly of Georgia approved a law authorizing and directing the Department of Revenue to promulgate rules and regulations to govern the operation of persons, firms and corporations engaging in the business of a tag/title service company as defined by the Legislative Act. The registration form is required pursuant to those rules and regulations and must be completed in full and submitted to the Gwinnett County Tag Department, Commercial Division.

Failure to submit the properly completed registration form on a timely basis will result in a substantial delay in the approval of your registration, which must be completed prior to commencing business with Gwinnett County. The following information must be typed or printed, signed and sworn by the owner(s) of the company or signed and sworn by the President and Secretary of a corporation.

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

In the spaces below, state 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 drivers license must also be submitted with this application.

NAME OF OWNER(S)	HOME ADDRESS & PHONE	SOCIAL SECURITY #	LENGTH OF RESIDENCE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

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

In the spaces below, please provide the following information:

1. Name of Corporation: _____
2. Address of Principal Office in this State: _____
3. Name of Manager of Tag/Title Service Company Division: (if the Tag/Title Service Corporation is a Division of a Major Diversified Corporation)

4. Date of Incorporation: _____
5. State of Incorporation: _____

SECTION II:

In the spaces below, state the names, addresses and telephone numbers in which such service shall operate, including all branch offices.

NAME OF TAG /TITLE SERVICE NUMBER	BUSINESS ADDRESS	TELEPHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

SECTION III:

In the spaces below, list the names of the counties, in this state, in which the company will do business.

_____	_____	_____
_____	_____	_____

SECTION IV:

In the spaces below, list the names of the cities and counties, in this state, a business license or permit has been obtained as a tag/title service company, the date such license or permit was obtained and the license or permit number.

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

SECTION V:

In the spaces below, state the names of employees and associates of the tag/title service company. Give a brief description of the specific training and experience each employee and associate has in completing license tag application forms, title application forms and computing motor vehicle fees and ad valorem taxes.

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

SECTION VI:

In the spaces below, 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 (3) years prior to this registration application and the names and addresses of any such tag/title service companies such individuals were previously associated.

Employee/Associate Name	Name and Address of Previous Tag/Title Service Associations	Dates From/To
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I (we), the undersigned owner(s) of _____ do
(Name of Tag/Title Service Company)

hereby affirm that the 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 seals(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)

AFFIDAVIT OF CORPORATE OFFICER

I, _____, as president of _____, do
(Name of Corporate President) (Name of Corporation)
hereby affirm that the foregoing information is true and correct. _____
(Name of Corporation)

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.

Sworn to and subscribed before me this _____ day of _____, 20____.

(Notary Public)

(Printed Name and Signature of President)

(Printed Name and Signature of Secretary)

(Corporate Seal)