Georgia Secretary of State Professional Licensing Boards Division

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

USED MOTOR VEHICLE DEALER LICENSE REQUEST FOR NAME CHANGE and/or ADDRESS CHANGE

Rules regarding the requirement for submitting a request for change of name or address:

681-5-.01 Change in Name of Business. -

Should a currently licensed dealer change the name of the dealership as licensed by the Division, he shall be required to submit a Request for Change of Name form within thirty (30) days of the change of name.

681-5-.02 Change of Location.

- (1) In the event the location of the business is changed, the dealer shall, within thirty (30) days of the relocation, submit a Change of Location request form and submit appropriate photographs as required by Rule 681-3-.02.
- (2) Provided the new location meets the requirements of the Act and the Rules, the Division shall approve the change of location without charge.
- (3) If the new location fails to meet the requirements, the licensee shall be given thirty (30) days to comply with the Act and these Rules. Thereafter, the licensee shall cease to operate as a used car dealer until the requirements have been met.
- (4) Division approval of a change of location cancels the rights of the licensee to do business at the previous location.
- (5) If a licensee's location is vacated for thirty (30) days without application for change of address, a hearing for revocation of the license may be called.

CHANGE OF OWNERSHIP or STATUS BETWEEN INDIVIDUAL, PARTNERSHIP, or CORPORATION requires a NEW APPLICATION and FEE. Download the application from www.sos.ga.gov.

If the business is a CORPORATION, attach a copy of your <u>CERTIFICATE OF NAME CHANGE AMENDMENT</u> from the CORPORATIONS DIVISION.

	To for NAME CHANGE: Photograph of sign showing new name Bond or Bond Rider showing new name ORIGINAL CERTIFICATE OF LIABILITY INSURANCE showing new name If CORPORATION, attach CERTIFICATE OF NAME CHANGE AMENDMENT Optional – request for traditional replacement card – fee is \$25.00 (non-refundable); a replacement cense can be printed online at no cost. If ordering a card, please mail request and payment separately om application.
int	ET for ADDRESS CHANGE: Photograph(s) of the current location, including sign and building where records will be kept, and one terior photo of the office area Bond or Bond Rider showing new address ORIGINAL CERTIFICATE OF LIABILITY INSURANCE showing new location address ZONING APPROVAL FORM completed, signed and notarized Optional – request for traditional replacement card – fee is \$25.00 (non-refundable); a replacement tense can be printed online at no cost. If ordering a card, please mail request and payment separately orm application.

237 Coliseum Dr., Macon, GA 31217 ~ (844) 753-7825 / Fax 866-888-1176

^{**}Licenses are issued in the trade name of the business, if a trade name is listed.

Georgia Secretary of State Professional Licensing Boards Division

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

CHANGE OF NAME and/or ADDRESS FORM

Please check this box armed forces, including	if you are a military spouse or a transitioning service member of the United States g the National Guard.
License Number	Name of Business (as it appears on the current license)
Current Location Address (as	it appears on current license) – Address, City, State, Zip, County
	REQUESTED CHANGE(S):
New Name of Business	
New Location Address – Addr	ess, Suite #, City, State, Zip, County
Phone #	Contact # for Inspection
Email Address (required) - You	r email address will not be shared with any third party.
	MAILING ADDRESS CHANGE ONLY (NO FEE REQUIRED)
Complete the form below and sul	omit to the Board Office for change of mailing address
New Mailing Address (street or P	O Box), City, State, Zip
SIGNATURE REQUIRED:	
Printed Name of Licensee (as it a	appears on the License) Signature of Licensee (as it appears on the License)

NOTE: Optional - If you would like to order a new Licensing and Pocket Card ("blue card") showing the name change, submit the request along with a \$25.00 fee to the Board Office or order online. A copy of your license can be printed by you at no cost from the SOS website. If submitting the request and application at the same time, include two separate checks – one for the blue card fee and one for the application fee.

Georgia Secretary of State Professional Licensing Boards Division

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

ZONING CERTIFICATION

DEALERSHIP NAME	OWNER
STREET ADDRESS	CITY, STATE, ZIP CODE
	cle Dealer or Used Motor Vehicle Parts Dealer and that current the property that apprises consumers of the
dealership.	and proporty and approved consumers of and
dealership. ☐ This Used Motor Vehicle Dealer is not all sale at any time.	owed to store inventory or display used motor vehicles fo
 □ This Used Motor Vehicle Dealer is not all sale at any time. □ This Used Motor Vehicle Dealer will operate the sale at any time. 	owed to store inventory or display used motor vehicles for ate an "Open Lot" and may display a maximum of
 □ This Used Motor Vehicle Dealer is not all sale at any time. □ This Used Motor Vehicle Dealer will operate the sale at any time. 	owed to store inventory or display used motor vehicles fo
 □ This Used Motor Vehicle Dealer is not allosale at any time. □ This Used Motor Vehicle Dealer will operate vehicles for sale at any one time. 	owed to store inventory or display used motor vehicles for ate an "Open Lot" and may display a maximum of Georgia requires a legible ink seal for notarized document If an embossed seal is used a foil overlay or shading should be applied make the seal legible when digitized.
 □ This Used Motor Vehicle Dealer is not allest sale at any time. □ This Used Motor Vehicle Dealer will operate vehicles for sale at any one time. 	owed to store inventory or display used motor vehicles for ate an "Open Lot" and may display a maximum of Georgia requires a legible ink seal for notarized document If an embossed seal is used a foil overlay or shading should be applied make the seal legible when digitized.

237 Coliseum Dr., Macon, GA 31217 \sim (844) 753-7825 / Fax 866-888-1176