

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR NAME &/OR ADDRESS CHANGE

Please read the Board rules regarding the requirement for notifying the Board with a request for a 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.

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

CHECKLIST FOR COMPLETING THE REQUEST FOR NAME &/OR ADDRESS CHANGE

NAME CHANGE

ATTACH THE FOLLOWING IF APPLYING FOR A CHANGE OF NAME:

- ___ 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
- ___ IF REQUESTING A TRADITIONAL REPLACEMENT CARD, \$25.00 (YOU CAN PRINT YOUR REPLACEMENT LICENSE ONLINE FOR NO FEE)

ADDRESS CHANGE

ATTACH THE FOLLOWING IF APPLYING FOR A CHANGE OF ADDRESS:

- ___ PHOTOGRAPH(S) OF THE CURRENT LOCATION, INCLUDING SIGN AND BUILDING WHERE RECORDS WILL BE KEPT & ONE INTERIOR PHOTO OF THE OFFICE AREA.
- ___ **ORIGINAL** CERTIFICATE OF LIABILITY INSURANCE SHOWING NEW LOCATION ADDRESS
- ___ ZONING APPROVAL FORM COMPLETED, SIGNED, AND NOTARIZED
- ___ IF REQUESTING A TRADITIONAL REPLACEMENT CARD, \$25.00 (YOU CAN PRINT YOUR REPLACEMENT LICENSE ONLINE FOR NO FEE)

NOTE: ANY CHANGE OF OWNERSHIP OR STATUS BETWEEN INDIVIDUAL, PARTNERSHIP, CORPORATION REQUIRES A NEW APPLICATION AND FEE. DOWNLOAD APPLICATION FROM THE BOARD WEBSITE, www.sos.ga.gov. IF BUSINESS IS A CORPORATION, ATTACH A COPY OF YOUR CERTIFICATE OF NAME CHANGE AMENDMENT FROM THE CORPORATIONS DIVISION.

STATE BOARD OF REGISTRATION OF USED MOTOR VEHICLE DEALERS AND
USED MOTOR VEHICLE PARTS DEALERS
237 COLISEUM DRIVE
MACON, GA 31217

REQUEST FOR CHANGE OF LOCATION &/OR CHANGE OF NAME

****OPTIONAL FEE FOR PRINTING NEW LICENSE & POCKET CARD:
\$25.00 (NON-REFUNDABLE. NEW LICENSE CAN BE PRINTED ONLINE AT NO CHARGE)**

LICENSE NUMBER: _____

CURRENT NAME OF BUSINESS (AS IT APPEARS ON THE CURRENT LICENSE):

CURRENT LOCATION ADDRESS (AS IT APPEARS ON THE CURRENT LICENSE):

STREET	CITY	STATE	ZIP	COUNTY
_____	_____	_____	_____	_____

CHANGE REQUEST

NEW NAME OF BUSINESS: _____

NEW LOCATION ADDRESS:

STREET	CITY	STATE	ZIP	COUNTY
_____	_____	_____	_____	_____

TELEPHONE NUMBER: _(_____)_____ CONTACT FOR INSPECTION: _(_____)_____

EMAIL ADDRESS: _____

(If any additional information is needed, email is the most efficient way for the Board staff to contact you. Also, useful information such as notifications regarding license renewal will be sent via email. Please notify the Board of any email address change. Your email address will not be shared with any third party.)

MAILING ADDRESS CHANGE ONLY (NO FEE REQUIRED)

Mailing addresses can be changed online by the licensee; however, if you wish to request a mailing address change, indicate the new mailing address below:

New Mailing Address: _____
STREET OR P.O. BOX CITY STATE

PRINT NAME OF LICENSEE AS IT APPEARS ON THE LICENSE

SIGNATURE OF LICENSEE AS IT APPEARS OF THE LICENSE

**GEORGIA STATE BOARD OF REGISTRATION OF USED MOTOR VEHICLE DEALERS
237 COLISEUM DRIVE
MACON, GA 31217
478.207.2440 FAX 866.888.8026
www.sos.ga.gov/plb/usedcar**

ZONING CERTIFICATION

THIS IS TO CERTIFY THAT THE PROPERTY LISTED AS

STREET ADDRESS

CITY STATE ZIP CODE

IS CURRENTLY ZONED FOR USE AS A USED MOTOR VEHICLE DEALER, USED MOTOR VEHICLE
BROKER, OR USED MOTOR VEHICLE PARTS DEALER ESTABLISHMENT IN THE COUNTY/CITY OF

_____ AND THAT

CURRENT ZONING STANDARDS WILL ALLOW A PERMANENT SIGN ON THE PROPERTY THAT
APPRISES CONSUMERS OF THE DEALERSHIP/BROKERAGE.

SIGNATURE OF ZONING COMMISSIONER

PRINT NAME OF ZONING COMMISSIONER

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

NOTARY SEAL