

# APPLICATION FOR CHANGE OF DESIGNEE OF A USED MOTOR VEHICLE DEALER LICENSE

## INSTRUCTIONS FOR APPLICATION

Address changes may NOT be made on this application. You must use the address currently on file with the board office and on your license. If you must make an address change, complete the Change of Location or Name form, available on our website.

The fee for a change of designee application is \$100.00. The fee is non-refundable.

Email address is requested by the Professional Licensing Boards Division. Acknowledgement of your application will be sent by email. 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.

The person authorized to hold the license listed on the first page of the application must be the person who is authorized as Designee on the appropriate Affidavit of Authorization of Designee. The affidavits included in the application authorize the person listed as the Designee of the business for purposes of holding the license and being responsible for the daily operations of the business. Complete the appropriate affidavit that corresponds with your business ownership type, whether a corporation or limited liability company, or a partnership.

Include a copy of the Pre-License Seminar Certificate for the Designee.

The Designee must have fingerprints scanned through the process administered by Cogent Systems.

Applicants must register with Cogent Systems prior to going to the fingerprint site. There will be no data collection or registration at the fingerprint collection sites. Fingerprint services will not be provided to applicants who have not registered. Registration may be completed online or over the phone. To register online, go to [www.ga.cogentid.com](http://www.ga.cogentid.com). Online registration is available 24 hours a day, seven days a week. To register by phone, dial 1.888.439.2512 Monday through Friday, 8 a.m. to 6 p.m. EST.

When registering for fingerprinting, the Used Motor Vehicle Dealer ORI number that you must use is: **GA922400Z** You must also enter a Verification Code, which is: **922400Z**

Applicants will be required to pay a fee for the fingerprint service and criminal history record check. Credit card or debit card payments are accepted online during registration at [www.ga.cogentid.com](http://www.ga.cogentid.com) for applicants who wish to pay electronically.

Applicants have the option of paying at the GAPS service sites by money orders or cashiers checks **PAYABLE TO COGENT SYSTEMS. NO CASH TRANSACTIONS OR PERSONAL CHECKS WILL BE ACCEPTED AT THE PRINT LOCATIONS.**

The applicants can then proceed to the fingerprint site of their choice for fingerprinting. The location and hours of operation for each site are published on the GAPS website at [www.ga.cogentid.com](http://www.ga.cogentid.com).

At the GAPS site the applicants must present an approved state or federal photo identification before beginning the transaction. A list of approved IDs may be found on the GAPS website at [www.ga.cogentid.com](http://www.ga.cogentid.com) by clicking the link, "What to Bring." Applicants will not be processed if they cannot produce acceptable identification.

Receipts for successfully completed submittals are available at the GAPS website. You will need your social security number and birth date to access your printable receipt.

GEORGIA STATE BOARD OF REGISTRATION OF USED MOTOR  
VEHICLE DEALERS & USED MOTOR VEHICLE PARTS DEALERS  
USED MOTOR VEHICLE DEALERS DIVISION  
237 COLISEUM DR, MACON, GA 31217  
TELEPHONE: 478.207.2440  
www.sos.ga.gov/plb/usedcar

DO NOT WRITE IN THIS SECTION  
RECEIPT # \_\_\_\_\_  
AMOUNT \_\_\_\_\_  
APPLICANT # \_\_\_\_\_  
INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICATION FOR CHANGE OF DESIGNEE FOR A USED MOTOR VEHICLE DEALER**  
*Submit a non-refundable fee of \$100.00 payable to Used Motor Vehicle Dealers Board*

**TRADE NAME OF BUSINESS (As appears on the license)**

**LICENSE NUMBER**

**EMAIL ADDRESS:** \_\_\_\_\_ TO BE USED FOR NOTIFICATIONS

**MAILING ADDRESS (Address used to mail the license and renewal notices):**

ADDRESS

SUITE NUMBER

CITY

STATE

ZIP CODE

COUNTY

TELEPHONE

**PHYSICAL LOCATION ADDRESS (Must match the address on the license; otherwise, an address change request must be made separately. Address will appear on license and online):**

STREET ADDRESS (P.O. Box not acceptable)

CITY

STATE

ZIP CODE

COUNTY

BUSINESS TELEPHONE

**INFORMATION CONCERNING THE NEW DESIGNEE**

PERSON AUTHORIZED TO HOLD LICENSE FOR THE DEALER (DESIGNEE)

RESIDENCE ADDRESS OF DESIGNEE

CITY

STATE

ZIP CODE

GENDER: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

DATE OF BIRTH : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO.\*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ I AM A U.S. CITIZEN

\*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED  
TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 &  
O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001.

\_\_\_\_\_ I AM NOT A U.S. CITIZEN, BUT AM A  
QUALIFIED ALIEN UNDER THE FEDERAL  
IMMIGRATION AND NATURALIZATION ACT, AND  
I AM LAWFULLY PRESENT IN THE UNITED  
STATES. (COMPLETE & SUBMIT ATTACHED FORM  
WITH COPY OF DOCUMENTATION)

**THE FOLLOWING QUESTIONS MUST BE ANSWERED BY THE PERSON AUTHORIZED AS DESIGNEE FOR THE BUSINESS (IF BUSINESS IS A SOLE PROPRIETORSHIP, OWNER MUST COMPLETE QUESTIONS)**

1. LIST YOUR SALES TAX NUMBER \_\_\_\_\_
  
2. HAS THE DESIGNEE OR ANYONE ELSE HOLDING AN OWNERSHIP OR FINANCIAL INTEREST IN THIS BUSINESS PREVIOUSLY BEEN LICENSED AS AN INDEPENDENT USED MOTOR VEHICLE DEALER, OR EVER HELD AN INTEREST IN AN INDEPENDENT USED MOTOR VEHICLE DEALERSHIP? IF SO, PROVIDE NAME OF THE PERSON, BUSINESS AND PERIOD OF LICENSURE:  
 \_\_\_\_\_
 

YES	NO
  
3. HAS THE DESIGNEE OR ANYONE HOLDING AN OWNERSHIP OR FINANCIAL INTEREST IN THIS BUSINESS EVER HAD A LICENSE REVOKED, SUSPENDED, OR OTHERWISE SANCTIONED BY ANY BOARD OR AGENCY, OR EVER BEEN DENIED ISSUANCE OF, OR, PURSUANT TO DISCIPLINARY PROCEEDINGS, REFUSED RENEWAL OF A LICENSE BY ANY BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE? IF SO, ATTACH EXPLANATION, IDENTIFYING THE PERSON.
 

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4. HAS THE DESIGNEE OR ANYONE HOLDING AN OWNERSHIP OR FINANCIAL INTEREST IN THIS BUSINESS EVER BEEN ARRESTED, CONVICTED, SENTENCED, PLED GUILTY OR NOLO CONTENDERE, OR BEEN GIVEN FIRST OFFENDER STATUS FOR ANY FELONY, MISDEMEANOR, OR ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? (DWI and DUI are not minor traffic violations.) IF SO, ATTACH **CERTIFIED COURT DISPOSITIONS**. FAILURE TO PROVIDE COMPLETE AND TRUE INFORMATION AS REQUESTED ALLOWS THE BOARD TO REFUSE TO GRANT A LICENSE(O.C.G.A. § 43-1-19(a)(2)). FAILURE TO PROVIDE COMPLETE AND TRUE INFORMATION, IF SUCH RESULTS IN THE GRANTING OF A LICENSE, ALLOWS THE BOARD TO IMMEDIATELY SUSPEND THAT LICENSE(O.C.G.A. § 43-47-8(1)).

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5. HAS THE DESIGNEE ATTENDED THE PRE-LICENSE SEMINAR? ATTACH A COPY OF THE SEMINAR COMPLETION CERTIFICATE TO THIS APPLICATION.
 

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6. HAS THE DESIGNEE HAD FINGERPRINTS SCANNED BY COGENT SERVICES FOR THIS APPLICATION? BOARD OFFICE WILL RECEIVE RESULTS FROM COGENT SERVICES.
 


**AFFIDAVIT**

THE UNDERSIGNED SWEARS OR AFFIRMS THAT ALL INFORMATION CONTAINED WITHIN THIS APPLICATION FOR A USED MOTOR VEHICLE DEALER LICENSE IS TRUE AND CORRECT IN EVERY RESPECT, AND THAT A MATERIAL MISREPRESENTATION IN THIS APPLICATION WILL BE GROUNDS FOR DENIAL OF THE APPLICATION AND CRIMINAL PROSECUTION AS PROVIDED BY LAW. THE UNDERSIGNED ALSO UNDERSTANDS THAT THE RECORDS REQUIRED BY THE BOARD MUST BE MAINTAINED FOR A PERIOD OF THREE (3) YEARS AND MADE AVAILABLE AT ALL TIMES FOR INSPECTION.

STATE OF GEORGIA  
 COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC  
 MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF DESIGNEE

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 DATE

**AFFIDAVIT OF AUTHORIZATION OF THE DESIGNEE**

**DESIGNEE FOR A CORPORATION OR LIMITED LIABILITY COMPANY**

**PLEASE PRINT NAMES**

I, \_\_\_\_\_, HEREBY NAME  
PRESIDENT OR SECRETARY OF CORPORATION OR LLC

\_\_\_\_\_  
DESIGNEE LISTED ON PAGE 1 OF APPLICATION

AS THE DESIGNATED AGENT FOR THE CORPORATION THAT APPEARS ON THIS APPLICATION FOR LICENSURE. THIS AFFIDAVIT GIVES THE DESIGNEE ALL RIGHTS AND RESPONSIBILITIES OF A LICENSE HOLDER ON BEHALF OF THE CORPORATION OR LLC AND SHALL PROVIDE THAT ACTIONS OR OMISSIONS OF THE CORPORATION OR LLC, ITS OFFICERS, MEMBERS, EMPLOYEES, AGENTS, ASSIGNS, OR DESIGNEES IN VIOLATION OF THE USED MOTOR VEHICLE DEALERS ACT OR IN VIOLATION OF THE USED MOTOR VEHICLE DEALERS BOARD RULES SHALL SUBJECT THE LICENSE HOLDER AND THE CORPORATION OR LLC TO ANY SANCTIONS WHICH MAY BE IMPOSED UNDER THE USED MOTOR VEHICLE DEALERS ACT OR UNDER THE USED MOTOR VEHICLE DEALERS BOARD RULES.

WE UNDERSTAND THAT THE LICENSE IS NOT TRANSFERRABLE, AND SHOULD THE DESIGNATED AGENT TERMINATE EMPLOYMENT OR OTHERWISE BECOMES UNAUTHORIZED TO HOLD THE LICENSE, A NEW APPLICATION WILL BE REQUIRED.

**SIGNATURES**

\_\_\_\_\_  
PRESIDENT OR SECRETARY OF CORPORATION OR LLC

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DESIGNEE OF CORPORATION OR LLC

\_\_\_\_\_  
DATE

STATE OF GEORGIA

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

SEAL

**AFFIDAVIT OF AUTHORIZATION OF THE DESIGNEE**

**DESIGNEE FOR A PARTNERSHIP**

**PLEASE PRINT NAME**

WE, THE BELOW NAMED PARTNERS, HEREBY NAME

\_\_\_\_\_  
DESIGNEE LISTED ON PAGE 1 OF APPLICATION

AS THE DESIGNATED AGENT FOR LICENSURE OF THE BUSINESS THAT APPEARS ON THIS APPLICATION FOR LICENSURE. THIS AFFIDAVIT GIVES THE DESIGNEE ALL RIGHTS AND RESPONSIBILITIES OF A LICENSE HOLDER ON BEHALF OF THE CORPORATION AND SHALL PROVIDE THAT ACTIONS OR OMISSIONS OF THE PARTNERSHIP, ITS PARTNERS, EMPLOYEES, AGENTS, ASSIGNS, OR DESIGNEES IN VIOLATION OF THE USED MOTOR VEHICLE DEALERS ACT OR IN VIOLATION OF THE USED MOTOR VEHICLE DEALERS BOARD RULES SHALL SUBJECT THE LICENSE HOLDER AND THE PARTNERSHIP TO ANY SANCTIONS WHICH MAY BE IMPOSED UNDER THE USED MOTOR VEHICLE DEALERS ACT OR UNDER THE USED MOTOR VEHICLE DEALERS BOARD RULES.

WE UNDERSTAND THAT THE LICENSE IS NOT TRANSFERRABLE, AND SHOULD THE DESIGNATED AGENT TERMINATE EMPLOYMENT OR OTHERWISE BECOMES UNAUTHORIZED TO HOLD THE LICENSE, A NEW APPLICATION WILL BE REQUIRED.

**SIGNATURES**

_____ PARTNER	_____ DATE	_____ DESIGNEE	_____ DATE
_____ PARTNER	_____ DATE		

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
MY COMMISSION EXPIRES: \_\_\_\_\_

SEAL

**OFFICE OF SECRETARY OF STATE  
PROFESSIONAL LICENSING BOARDS DIVISION  
GEORGIA STATE BOARD OF REGISTRATION OF USED MOTOR VEHICLE DEALERS  
237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440**

**CONSENT FORM**

I authorize the Georgia State Board of Registration of Used Motor Vehicle Dealers to conduct a background investigation of me to determine my suitability for certification. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

\_\_\_\_\_  
Applicant's Full Name (Printed)

\_\_\_\_\_  
Physical Address (P.O. Boxes **NOT** Accepted)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Sex Race Date of Birth Social Security Number

Place of Birth (City/State/Country): \_\_\_\_\_

Aliases or Maiden Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

**\*\* (SUBMIT THIS PAGE ONLY IF YOU CHECKED THAT YOU ARE NOT A US CITIZEN ON PAGE 1) \*\***

**Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.**

**Alien Lawfully Admitted for Permanent Residence:**

- \_\_\_\_\_ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- \_\_\_\_\_ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

**Asylee:**

- \_\_\_\_\_ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- \_\_\_\_\_ - Grant letter from the asylum office of INS
- \_\_\_\_\_ - Order of an immigration judge granting asylum

**Refugee:**

- \_\_\_\_\_ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- \_\_\_\_\_ - INS Form I-571 (Refugee Travel Document)

**Alien Paroled Into the U.S. for at Least One Year:**

- \_\_\_\_\_ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

**Alien Whose Deportation or Removal Was Withheld:**

- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- \_\_\_\_\_ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

**Alien Granted Conditional Entry:**

- \_\_\_\_\_ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A3"

**Cuban/Haitian Entrant:**

- \_\_\_\_\_ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- \_\_\_\_\_ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- \_\_\_\_\_ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

**Alien Who Has Been Battered or Subjected to Extreme Cruelty:**

- \_\_\_\_\_ - INS petition and appropriate supporting documentation

\_\_\_\_\_  
Name of Applicant