

Department of Revenue - Motor Vehicle Division Dealer Internet Inquiry Registration Form

Name & Position of Person Authorized to Access Data on Your Dealership's Behalf:		
Your Dealership's Name:		
Your Dealership's Address Including City, State & Zip Code		
Dealership's 12-Digit MVD Issued Permanent ID #:		
Telephone Number Including Area Code:	Fax Number Including Area Code:	Authorized Agent's Internet E-mail Address:
By using the Department of Revenue's Motor Vehicle Division Internet Service, you are indicating your consent to the terms of the Agreement for Access to the Department of Revenue's Motor Vehicle Title and Tag Registration Database (copy attached).		
Owner's Signature:	Owner's Printed/Typed Name:	Date:

Note: Please mail us a letter at the address shown below when changes to the above information occur.

This completed and signed form should be mailed to the following address:

Attention: Dealer Internet Inquiry
DOR/Motor Vehicle Division
P. O. Box 740381
Atlanta, GA 30374-0381