



GEORGIA DEPARTMENT OF REVENUE

Motor Vehicle Division • Business Registration Unit

P.O. Box 740381, Atlanta, GA 30374-0381 ▪ GeorgiaELT@dor.ga.gov

EXHIBIT A – AGENCY AGREEMENT

INSTRUCTIONS: All sections of this Agreement must be completed before an applicant (“Holder”) can request or obtain motor vehicle information through a Georgia Department of Revenue (“Department”) approved third party provider (“Vendor”) to confirm owner identity, verify security interest or lien information, or otherwise process an transaction, through the Department’s Electronic Lien and Title (“ELT”) Program. Please send completed Agreements to GeorgiaELT@dor.ga.gov.

SECTION A. APPLICANT INFORMATION		
Name of Individual (Last Name, First Name, Middle Initial):		Official Use Only Security Code Assigned:
Holder Company Name (Firm or Trade):		Telephone Number:
Account Contact Person:	E-mail Address:	Telephone Number:
Street Address (Physical Location):	City: State:	Zip Code:
Mailing Address (If Different):	City: State:	Zip Code:
Describe the primary function of your business:		
Describe how the motor vehicle information will be used:		
SECTION B. AUTHORIZATION		
<p>I, an authorized representative of _____ (Holder Company Name) request to participate in the Department’s ELT Program through _____ (Vendor Name) and to obtain motor vehicle records from the Department. I hereby authorize Vendor to make the records available to _____ (Holder Company Name) to confirm owner identity, verify security interest or lien information, and process transactions.</p>		
		_____ Signature

SECTION C. STATEMENT OF UNDERSTANDING, CERTIFICATION, AND RATIFICATION

Instructions: Read the Statement of Understanding, Certification, and Ratification, then sign.

I understand that providing false or misleading information is cause for the denial of an application and/or refusal of any request for motor vehicle records. Such statements may also result in a bar from participation in the ELT program. Accordingly, I authorize the Commissioner of the Department, or the Commissioner’s designee, to investigate any matter or statement contained in this request.

I understand that if this request is approved, I am agreeing to designate the Vendor as my agent and attorney-in-fact for the purposes of the ELT program.

I understand that the Vendor shall obtain motor vehicle records from the Department and make such records available for me to confirm ownership and security interest or lien information. All communications to the Department shall be through the Vendor.

I certify under penalty of perjury that: 1) all information in this application has been read and understood; 2) all information completed in this application is true and correct; and 3) the willful and unauthorized disclosure of information obtained from any Department record may result in penalties imposed under Title 18 U.S.C. Section 2724 and/or any other applicable law.

I certify that I am requesting Georgia motor vehicle title records for use ONLY in confirming ownership, verifying security interest or lien information, and processing transactions pursuant to the Federal Driver’s Privacy Protection Act (DPPA) and Georgia law.

I certify that I have read that certain Contract By and Between the Department and Vendor for the Electronic Lien and Title Program (“Contract”), and by signing below, do ratify and agree to be legally bound by the acts of the Vendor and the requirements of a Holder under that Contract.

Signature(s) of Authorized Individual, Partners, Authorized Officer of Agent of the Holder

Signature

Print Name and Title

Date