



# Georgia Department of Revenue - Motor Vehicle Division

## Relinquishment of a Georgia Prestige, College/University Commemorative or Other Special License Plate Not Requiring Special Qualification



**Purpose of this Affidavit:** This affidavit is to be used by a registered license plate owner to relinquish ownership of their Georgia prestige, college/university commemorative or other special license plate.

**Completing this Affidavit:** This affidavit must be completed in its entirety, legibly printed in blue or black ink or typed.

**Section A:** Indicate plate type and provide plate number/combination.

**Section B:** Record registered owner(s) information. The street address block should contain the physical address of the registrant.

**Section C:** Complete information for the person(s) accepting the license plate.

**How to submit this Affidavit:** Submit this completed affidavit to the county tag office in the county where the person accepting the license plate reside. Please refer to <http://dor.georgia.gov> to locate the county tag office in your county of residence.

<b>A LICENSE PLATE INFORMATION</b>																																					
<p>Check applicable box below and enter license plate number/combination:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/> PRESTIGE PLATE  <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> </td> <td style="width: 33%; border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/> COLLEGE / UNIVERSITY  <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> </td> <td style="width: 33%; border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/> OTHER SPECIAL LICENSE PLATE            Plate Category: _____  <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> </td> </tr> </table>	<input type="checkbox"/> PRESTIGE PLATE <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> COLLEGE / UNIVERSITY <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> OTHER SPECIAL LICENSE PLATE Plate Category: _____ <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>																																		
<input type="checkbox"/> PRESTIGE PLATE <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> COLLEGE / UNIVERSITY <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> OTHER SPECIAL LICENSE PLATE Plate Category: _____ <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>																																			
<b>B REGISTERED OWNER(S) RELINQUISHING LICENSE PLATE</b>																																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>Primary Owner's Full Legal Name:</b></td> <td style="width: 25%; border: 1px solid black; font-size: small;">First Name</td> <td style="width: 25%; border: 1px solid black; font-size: small;">Middle Initial</td> <td style="width: 25%; border: 1px solid black; font-size: small;">Last Name</td> <td style="width: 10%; border: 1px solid black; font-size: small;">Suffix</td> </tr> <tr> <td><b>Secondary Owner's Full Legal Name:</b></td> <td style="border: 1px solid black; font-size: small;">First Name</td> <td style="border: 1px solid black; font-size: small;">Middle Initial</td> <td style="border: 1px solid black; font-size: small;">Last Name</td> <td style="border: 1px solid black; font-size: small;">Suffix</td> </tr> <tr> <td><b>Mailing Address:</b></td> <td style="border: 1px solid black; font-size: small;">Street No.</td> <td style="border: 1px solid black; font-size: small;">Street Name</td> <td colspan="2" style="border: 1px solid black; font-size: small;">Apt/Suite No.</td> </tr> <tr> <td><b>City:</b></td> <td style="border: 1px solid black; width: 150px;"></td> <td><b>State:</b></td> <td style="border: 1px solid black; width: 50px;"></td> <td><b>ZIP Code:</b></td> </tr> <tr> <td></td> <td style="border: 1px solid black; width: 150px;"></td> <td></td> <td style="border: 1px solid black; width: 50px;"></td> <td style="border: 1px solid black; width: 100px;"></td> </tr> </table> <p>I/We, the registered owner(s), relinquish ownership of the Georgia license plate described above in Section A.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Primary Owner Driver's License No.:</b></td> <td style="width: 20%; border: 1px solid black;"></td> <td style="width: 20%;"><b>Signature:</b></td> <td style="width: 20%; border: 1px solid black;"></td> <td style="width: 10%;"><b>Date:</b></td> <td style="width: 10%; border: 1px solid black; text-align: center;">/ /</td> </tr> <tr> <td><b>Secondary Owner Driver's License No.:</b></td> <td style="border: 1px solid black;"></td> <td><b>Signature:</b></td> <td style="border: 1px solid black;"></td> <td><b>Date:</b></td> <td style="border: 1px solid black; text-align: center;">/ /</td> </tr> </table>	<b>Primary Owner's Full Legal Name:</b>	First Name	Middle Initial	Last Name	Suffix	<b>Secondary Owner's Full Legal Name:</b>	First Name	Middle Initial	Last Name	Suffix	<b>Mailing Address:</b>	Street No.	Street Name	Apt/Suite No.		<b>City:</b>		<b>State:</b>		<b>ZIP Code:</b>						<b>Primary Owner Driver's License No.:</b>		<b>Signature:</b>		<b>Date:</b>	/ /	<b>Secondary Owner Driver's License No.:</b>		<b>Signature:</b>		<b>Date:</b>	/ /
<b>Primary Owner's Full Legal Name:</b>	First Name	Middle Initial	Last Name	Suffix																																	
<b>Secondary Owner's Full Legal Name:</b>	First Name	Middle Initial	Last Name	Suffix																																	
<b>Mailing Address:</b>	Street No.	Street Name	Apt/Suite No.																																		
<b>City:</b>		<b>State:</b>		<b>ZIP Code:</b>																																	
<b>Primary Owner Driver's License No.:</b>		<b>Signature:</b>		<b>Date:</b>	/ /																																
<b>Secondary Owner Driver's License No.:</b>		<b>Signature:</b>		<b>Date:</b>	/ /																																
<b>C PERSON(S) ACCEPTING LICENSE PLATE</b>																																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>Primary Owner's Full Legal Name:</b></td> <td style="width: 25%; border: 1px solid black; font-size: small;">First Name</td> <td style="width: 25%; border: 1px solid black; font-size: small;">Middle Initial</td> <td style="width: 25%; border: 1px solid black; font-size: small;">Last Name</td> <td style="width: 10%; border: 1px solid black; font-size: small;">Suffix</td> </tr> <tr> <td><b>Secondary Owner's Full Legal Name:</b></td> <td style="border: 1px solid black; font-size: small;">First Name</td> <td style="border: 1px solid black; font-size: small;">Middle Initial</td> <td style="border: 1px solid black; font-size: small;">Last Name</td> <td style="border: 1px solid black; font-size: small;">Suffix</td> </tr> <tr> <td><b>Mailing Address:</b></td> <td style="border: 1px solid black; font-size: small;">Street No.</td> <td style="border: 1px solid black; font-size: small;">Street Name</td> <td colspan="2" style="border: 1px solid black; font-size: small;">Apt/Suite No.</td> </tr> <tr> <td><b>City:</b></td> <td style="border: 1px solid black; width: 150px;"></td> <td><b>State:</b></td> <td style="border: 1px solid black; width: 50px;"></td> <td><b>ZIP Code:</b></td> </tr> <tr> <td></td> <td style="border: 1px solid black; width: 150px;"></td> <td></td> <td style="border: 1px solid black; width: 50px;"></td> <td style="border: 1px solid black; width: 100px;"></td> </tr> </table> <p>I/We understand that by signing this form and accepting this license plate, the applicable registration fees and ad valorem tax decisions will be made base on my/our registration period and not the registration period of the previous owner(s) of this license plate. I/We understand that the license plate cannot be relinquished until the registration period of the new owner(s).</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Primary Owner Driver's License No.:</b></td> <td style="width: 20%; border: 1px solid black;"></td> <td style="width: 20%;"><b>Signature:</b></td> <td style="width: 20%; border: 1px solid black;"></td> <td style="width: 10%;"><b>Date:</b></td> <td style="width: 10%; border: 1px solid black; text-align: center;">/ /</td> </tr> <tr> <td><b>Secondary Owner Driver's License No.:</b></td> <td style="border: 1px solid black;"></td> <td><b>Signature:</b></td> <td style="border: 1px solid black;"></td> <td><b>Date:</b></td> <td style="border: 1px solid black; text-align: center;">/ /</td> </tr> </table>	<b>Primary Owner's Full Legal Name:</b>	First Name	Middle Initial	Last Name	Suffix	<b>Secondary Owner's Full Legal Name:</b>	First Name	Middle Initial	Last Name	Suffix	<b>Mailing Address:</b>	Street No.	Street Name	Apt/Suite No.		<b>City:</b>		<b>State:</b>		<b>ZIP Code:</b>						<b>Primary Owner Driver's License No.:</b>		<b>Signature:</b>		<b>Date:</b>	/ /	<b>Secondary Owner Driver's License No.:</b>		<b>Signature:</b>		<b>Date:</b>	/ /
<b>Primary Owner's Full Legal Name:</b>	First Name	Middle Initial	Last Name	Suffix																																	
<b>Secondary Owner's Full Legal Name:</b>	First Name	Middle Initial	Last Name	Suffix																																	
<b>Mailing Address:</b>	Street No.	Street Name	Apt/Suite No.																																		
<b>City:</b>		<b>State:</b>		<b>ZIP Code:</b>																																	
<b>Primary Owner Driver's License No.:</b>		<b>Signature:</b>		<b>Date:</b>	/ /																																
<b>Secondary Owner Driver's License No.:</b>		<b>Signature:</b>		<b>Date:</b>	/ /																																