



**Georgia Department of Revenue
Motor Vehicle Division**

Application for an Out-of-State Recreational Vehicle Franchised Dealer Permit

This application for an Out-of-State Recreational Vehicle Franchised Dealer Permit and applicable fees must be completed for each out-of-state franchised dealer by the Sponsor of Recreational Vehicle Rally or Convention and submitted to the Department of Revenue more than 30 days prior to the rally or convention.

Rally or Convention Sponsor: FAMILY MOTOR COACH ASSOCIATION, INC.		
Rally or Convention Location: GEORGIA NATIONAL FAIRGROUNDS AND AGRICENTER		
Street Address: 401 GOLDEN ISLES PARKWAY		
City: PERRY	County Name: HOUSTON	Zip Code: 31069
Sponsors Phone Number(s): (800) 543-3622	E-mail: DUHLENBROCK@FMCA.COM	
<u>Dates of Rally/Convention:</u> 3/15/2023		

Sponsor affirms that the Rally or Convention has more than 2,500 registered participants.

Signature: _____ **Date:** _____

I am fully aware that it is a felony, punishable by imprisonment for not fewer than one (1) nor more than three (3) years or a fine of not less than \$1,000 or more than \$5,000 or both, to knowingly falsify any information on this form.

Printed Name: DOUG UHLENBROCK	Position: DIRECTOR OF EVENTS	
Address: 8291 CLOUGH PIKE		
City: CINCINNATI	County Name: HAMILTON	Zip Code: 45244

Out of State Name and Address of Recreational Vehicle Dealer Requesting Permit: Fee: \$500

Signature: _____ **Date:** _____

I am fully aware that it is a felony, punishable by imprisonment for not fewer than one (1) nor more than three (3) years or a fine of not less than \$1,000 or more than \$5,000 or both, to knowingly falsify any information on this form.

Business Name:		
Street Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Printed Name:	Position:	

Applications for each Out-of-State Recreational Vehicle Franchised Dealer may be submitted in person during business hours, 8:00 a.m. to 4:30 p.m., Monday through Friday, excluding state holidays. Mail or deliver the completed application with the required documentation and \$500.00 filing fee to:

**ATTN: Business Registration Unit
Department of Revenue/Motor Vehicle Division
P. O. Box 740831
ATLANTA, GA 30374-0381
Telephone: 1-855-406-5221 E-mail: Business.Registration@dor.ga.gov**

Approved <input type="checkbox"/>	Filing Fee: \$500.00 for each out of state RV Dealer
Denied <input type="checkbox"/>	
If denied, indicate date and reason	
Date Received: _____	

O.C.G.A. § 50-36-1(e) (2) Affidavit

By executing this affidavit under oath, as an applicant for:

(Check all that apply.)

- Motor Vehicle Dealer, Distributor, Manufacturer, or Transporter Tag
- Motor Vehicle Temporary Site Permit Out of State Recreational Vehicle Franchise Dealer Permit

as referenced in O.C.G.A § 50-36-1, from the Georgia Department of Revenue, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:
_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____(city), _____(state)

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

___ DAY OF _____, 20__

NOTARY PUBLIC

My Commission Expires: