

# Georgia Request to Manufacture Special Interest License Plate

Please read all information before completing this form.  
Form must be completed and signed.  
There are no refunds of the Special Interest License Plate Fees.

\_\_\_\_\_  
Owner's First Name Middle Last

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Optional E-mail Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
County of Residence

## Request to Manufacture following Special Interest License Plate:

\_\_\_\_\_  
(Name of Tag)

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

For County use only

Tag Category: \_\_\_\_\_

