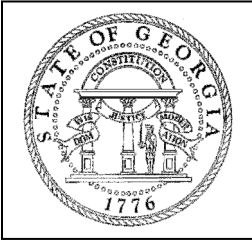


EXHIBIT A



**GEORGIA DEPARTMENT OF REVENUE
1800 CENTURY BLVD.
ATLANTA, GA 30345
(404) 417-6649**

INSTRUCTIONS: All sections of this application must be completed before an applicant can request or obtain motor vehicle information through a Georgia Department of Revenue ("Department") approved third party provider ("Licensee") for the purpose of providing access to motor vehicle records to verify or confirm owner, security interest or lien information through the Department's Electronic Lien and Title ("ELT") Program.

SECTION A. APPLICANT INFORMATION

Name of Individual (Last Name, First Name, Middle Initial), Partnership, Corporation or other business entity form:

Office Use Only
Security Code Assigned:

Requester 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 record/personal information access will be used:

SECTION B. AUTHORIZATION

Instructions: Please check box and fill-in name of Licensee.

- I request to participate in the Department's ELT Program through _____ (name of Licensee) and to obtain motor vehicle records from the Department and hereby authorize Licensee to make the records available to me for use to verify or confirm owner, security interest or lien information.

SECTION C. STATEMENT OF UNDERSTANDING, CERTIFICATION, AND RATIFICATION

Instructions: Please read the statement of understanding, certification, and ratification, then sign.

I understand that false or misleading information is cause for denial of an application and/or termination of any request for motor vehicle records. 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 required to enter into an agreement with the Licensee designating Licensee as my agent and attorney-in-fact for the purpose of this request.

I understand that the Licensee 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 Licensee.

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 verifying ownership and security interest or lien information pursuant to the Federal Driver's Privacy Protection Act (DPPA) and Georgia law.

I certify that I have read that certain Agreement By and Between the Department and Licensee to participate in the ELT Program ("Agreement"), and by signing below, do ratify and agree to be legally bound by the acts of the Licensee under that Agreement.

Signature(s) of Individual, Partners (All Required), Authorized Officer or Agent	
_____ Signature	_____ Date
_____ Print	
_____ Signature	_____ Date
_____ Print	
WITNESS:	
_____ Signature	_____ Date
_____ Print	