CLIENT USE Georgia Transport Compliance, Inc.

GA SECRETARY OF STATE BUSINESS FORMATION AND AUTHORITY SETUP WORKSHEET

Primary Officer:	
Name:	Title:
Address:	County:
SSN: WE WILL REQUEST OVER PHONE IF NEEDED	
Office Phone:	_
Cell Phone:	_
Email:	
<u>GA SECRETARY OF STATE – IF APPLICABLE</u>	
TAX ID LETTER, AND DRIVER'S LICENSE **PLEASE NOTE: When requesting an Incorporation, to provide us a minimum of three business names ye your first name option is not available, then they wi You will need to inform us if you are going to use LLC 1.	ou are willing to establish a company under. If Il process the second option provided and so on. C or Inc – <u>WE ARE NOT TAX REPRESENTATIVES</u> **
3	
Authority	<u>y Setup:</u>
Will you be Interstate (Crossing State Lines/Need DO	T & MC), or will you be Intrastate (Local Only/ DOT
Only)? What will you	be hauling?
Number of Trucks? Number of Trailers?	Gross Vehicle Weight?
 If your Gross Vehicle Weight will be over 26,0 Permits, and 2290's? Please Circle: YES / NO 	000 lbs., do you need our assistance with IRP Tags,