



**STATE OF GEORGIA**  
**Department of Revenue**  
**Taxpayer Services Division**  
**1800 Century Boulevard NE, Ste. 15311**  
**Atlanta, Georgia 30345-3205**  
**Telephone: (404) 417-6649**

Clear Form

**APPLICATION FOR CERTIFICATE OF EXEMPTION**  
**DIGITAL BROADCAST EQUIPMENT FOR RADIO**  
**OR TELEVISION BROADCASTERS, CABLE NETWORKS OR CABLE DISTRIBUTORS**  
**PURCHASES MUST BE LIMITED TO PURCHASES OF DIGITAL EQUIPMENT**

1. Legal Business Name \_\_\_\_\_

2. D/B/A Name \_\_\_\_\_

3. Mailing Address \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

4. Business Location \_\_\_\_\_, Georgia \_\_\_\_\_

5. Type of Broadcaster: Television [  ] Radio [  ] Cable Network [  ] Cable Distributor [  ]

6. Will equipment be: [  ] Purchased [  ] Leased [  ] or Both

7. Anticipated date purchases or leases will begin: \_\_\_\_\_ (MM/DD/YY), be completed: \_\_\_\_\_ (MM/DD/YY)

8. List the type of equipment, manufacturer or supplier, and purchase price for which exemption is claimed.

Equipment	Manufacturer or Supplier	Purchase Price
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach separate equipment list if needed.

The undersigned hereby certifies that purchases or leases of digital equipment for use in this state comes within the exemption provisions of O.C.G.A. § 48-8-3(74) and that the equipment will solely be used at the above stated business location.

GEORGIA CERTIFICATE OF REGISTRATION NO. \_\_\_\_\_ DATE \_\_\_\_\_ (MM/DD/YY)  
(IF APPLICABLE)

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_