



Application for Limited Driving Permit

You may apply to the Department of Driver Services (DDS) for issuance of a limited driving permit in accordance with O.C.G.A. §40-5-64 and §40-5-64.1. What you need to know:

1. The fee for all Limited Driving Permits without an interlock restriction is \$32.00.
2. The fee for Limited Driving Permits with an interlock restriction is \$25.00.
3. You CANNOT use this permit to operate a commercial motor vehicle.
4. You CANNOT obtain a permit if you are not licensed OR if you are licensed in another state.
5. All limited driving permits are valid for use ONLY within the State of Georgia
6. The application does not grant driving privileges and cannot be used as a Driver's License or for identification purposes.

SECTION 1: Applicant Information

Are you a United States citizen? Yes No (Acceptable proof of lawful presence may be required, in accordance with O.C.G.A. §40-5-21.1)

Last Name	First Name	Middle Name
Date of Birth (mm/dd/yyyy)	Georgia Driver's License Number	Phone Number
Street Address	Apartment Number	
City	State	Zip Code

SECTION 2: Standards for Approval

(Applicant Initials)_____ I do hereby swear or affirm that this application for the issuance of a Limited Driving Permit is based upon the fact that refusal of the Department to issue such permit would cause "extreme hardship" as defined by O.C.G.A. §40-5-64.

(Applicant Initials)_____ I understand that my specific permit restrictions will be printed on the back of my permit.

For Applicants seeking Issuance of Ignition Interlock Device Limited Driving Permit for Administrative License Suspension ONLY:

(Applicant Initials)_____ I do hereby swear or affirm that issuance of an ignition interlock device limited driving permit constitutes a waiver of the right to a hearing under O.C.G.A. § 40-5-67.1.

SECTION 3: Hearing Notice

Any person who has been refused a permit by the Department may make a request in writing for a hearing to be provided by the Department. Such hearing shall be provided by the Department within 30 days after the receipt of such request and shall follow the procedures required by Chapter 13 of Title 50, the "Georgia Administrative Procedure Act." Appeal from such hearing shall be in accordance with said chapter. Such request shall be made in writing to the Department of Driver Services, P.O. Box 80447, Conyers, Georgia 30013.

(Applicant Initials)_____

SECTION 4: Revocation of Limited Driving Permit

Acknowledge all of the following statements with your initials:

The Department shall revoke a Limited Driving Permit of any permittee

- _____ who is convicted of violating any state law or local ordinance relating to the movement of vehicles;
- _____ who is convicted of violating the conditions endorsed on his or her permit;
- _____ upon receipt of notice from the Department of Behavioral Health and Developmental Disabilities that a permittee who is required to complete a substance abuse treatment program pursuant to O.C.G.A. §40-5-63.1 enrolled but failed to attend or complete such program as scheduled; OR
- _____ upon receipt of notice from an ignition interlock device service provider that an ignition interlock device has been tampered with, a permittee has failed to report for monitoring, as required by law, or an ignition interlock device has been removed from any motor vehicle to be driven by a permittee prior to successful completion of the required term of monitoring under Code Section 42-8-110.1.

SECTION 5: Applicant Affirmation (Must be signed before a person authorized to administer oaths)

Under penalty of law, I do hereby swear or affirm that the information I have provided in this application is true and correct. I hereby further acknowledge that if I am a Commercial Driver's License holder, issuance of a limited driving permit conveys no commercial driving privileges and constitutes an automatic temporary downgrade of my CDL license until the underlying suspension has been reinstated.

Signature of Applicant

Date

Sworn to and subscribed before me

this _____ day of _____, 20_____.

(Notary Seal)

Notary Public

DEPARTMENT USE ONLY

1. Suspension Effective Date: _____ 2. License Class: _____ 3. License Type: _____

4. Type of Suspension: DUI First (DUI) DUI Second (LP2) ALS First (DUA)
 Points (LPM) Mandatory First (LPM) Implied Consent First (DUA)

A surrender date is required for the issuance of a limited permit. If there is no surrender date on the system, applicant MUST complete a DDS-250A. (License Surrender Affidavit)

5. License Surrendered to one of the following? DDS Surrender Date: _____
 Issue Date of Surrendered License: _____
 Law Enforcement Surrender Date: _____
 Issue Date of Surrendered License: _____
 Court/DDS-250A Surrender Date: _____
 Issue Date of Surrendered License: _____

Please Note: Applicant must show documented proof from law enforcement agency AND/OR court that seized the applicant's license.

Permit Approved (Date _____) Permit Denied (Date _____)

Reason for Approval/Denial: _____

Agency Representative/Examiner: _____ CSC#: _____