



## Application for Limited Driving Permit (O.C.G.A. §40-5-64)

Customer Service, Licensing, and Records Division

P.O. Box 80447

Conyers, Georgia 30013

678-413-8400

### SECTION 1: Important Information

In accordance with O.C.G.A. §40-5-64, a person may apply to the Department for a Limited Driving Permit immediately following conviction if he or she has surrendered his or her driver's license to the court in which the conviction was adjudged or to the Department if the Department has processed the citation or conviction. The fee for all Limited Driving Permits is \$25.00. All Limited Driving Permits are nonrenewable upon expiration. You CANNOT use this permit to operate a commercial motor vehicle. If you are not licensed, or you are licensed in another state, you are not eligible for a Limited Driving Permit. All Limited Driving Permits are valid for use only within the State of Georgia. This application does not confer driving privileges, and cannot be used as a driver's license or for identification purposes.

(Applicant Initials) \_\_\_\_\_

### SECTION 2: 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

Street Address

Apartment Number

City

State

Zip Code

### SECTION 3: Standards for Approval

(Applicant Initials) \_\_\_\_\_ I do hereby swear or affirm that this petition 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".

(Applicant Initials) \_\_\_\_\_ I do hereby swear or affirm that I cannot reasonably obtain other transportation; and therefore, I would be prohibited from (*please check all that apply*):

- ☐ Going to and from my place of employment or performing the normal duties of my occupation;
- ☐ Receiving scheduled medical care or obtaining prescription drugs;
- ☐ Attending a college or school at which I am regularly enrolled as a student;
- ☐ Attending regularly scheduled sessions or meetings of support organizations for persons who have addiction or abuse problems related to alcohol or other drugs, which organizations are recognized by the Commissioner of DDS;
- ☐ Attending under court order any driver education or improvement school or alcohol or drug program or course approved by the court which entered the judgment of conviction resulting in suspension of my driver's license or by the Commissioner of DDS; and/or,
- ☐ Going to and from my Ignition Interlock provider.

### SECTION 4: Hearing Notice

Any person whose permit has been revoked or 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 Customer Service, Licensing, and Records Division, P.O. Box 80447, Conyers, Georgia 30013.

(Applicant Initials) \_\_\_\_\_

**SECTION 5: Revocation of Limited Driving Permit**

Any permittee who operates a motor vehicle in violation of any condition specified on the Limited Driving Permit permit shall be guilty of a misdemeanor. In addition, the Department shall revoke a Limited Driving Permit of any permittee:

1. Who is convicted of violating any state law or local ordinance relating to the movement of vehicles;
2. Who is convicted of violating the conditions endorsed on his or her permit;
3. Upon receipt of notice from the Division of Mental Health, Developmental Disabilities, and Addictive Diseases of the Department of Human Resources that a permittee who is required to complete a substance abuse treatment program pursuant to O.C.G.A. §40-5-63.1 enrolled in but failed to attend or complete such program as scheduled; or,
4. Upon receipt of notice from a provider center for ignition interlock devices that an ignition interlock device which a permittee is required to use has been tampered with or the permittee has failed to report for monitoring of such device as required by law.

(Applicant Initials)\_\_\_\_\_

**SECTION 6: 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. Furthermore, under penalty of law, I do hereby swear or affirm that the court has not imposed a suspension or revocation of my driver's license or driving privileges inconsistent with the driving privileges to be conferred by the limited driving permit applied for herein.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Notary Public

**DEPARTMENT USE ONLY****DEPARTMENT USE ONLY****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 ☐ Points (LPM)  
☐ Mandatory First (LPM) ☐ School Suspension (SP)

5a. License Surrendered to DDS? ☐ Yes (Date: \_\_\_\_\_) ☐ No

5b. Issue Date of License Surrendered to DDS: \_\_\_\_\_

5c. License Surrendered to Law Enforcement? ☐ Yes\* (Date: \_\_\_\_\_) ☐ No

**\*\*Applicant must show documented proof from law enforcement agency that seized the applicant's license.**

5d. License Surrendered to Court/DS-250A? ☐ Yes\* (Date: \_\_\_\_\_) ☐ No

**\*\*Applicant must show documented proof from court that seized the applicant's license.**

**A surrender date is required for the issuance of a DUI, LPM, or LP2 permit. If there is no surrender date on the system, applicant MUST complete a DS-250 (Driver's License Affidavit).**

☐ Permit Approved (Date: \_\_\_\_\_) ☐ Permit Denied (Date: \_\_\_\_\_)

Reason for Approval/Denial: \_\_\_\_\_

Agency Representative/Examiner: \_\_\_\_\_ CSC#: \_\_\_\_\_