

## DDS Mail-in Renewal Options

Thank you for your interest in renewing your Georgia driver's license, permit, or ID card. The Georgia Department of Driver Services offers renewal by mail options under limited circumstances for U.S. citizen customers who are unable to renew their license in person.

The following customers may utilize this option:

- Customers stationed out of state in the military, and their dependents stationed with them
- Customers attending school out of the State of Georgia, and their dependents who are with them
- Customers temporarily working out of state, and their dependents who are with them
- Customers who are physically incapacitated and unable to visit a DDS Customer Service Center

The following general requirements and conditions apply:

- You must be a U.S. Citizen.
- If you are changing your Georgia address as part of your renewal, you must include proof of the new address. A listing of acceptable documents for this purpose is enclosed.
- The customer requesting renewal must complete the DDS-23S form (Application for Driver's License, Permit, or Identification Card) and have it notarized in Section F.
- Customers 60 years of age or older must provide verification that vision requirements are met if applying to renew a driver's license or permit (enclosed Vision Form must be completed).
- Only a 5-year renewal is allowed through this method. 8-year renewal is not allowed by mail.
- The customer must provide payment of \$20 for a 5-year renewal, payable by check, money order, or credit card.
- Processing can take up to ten business days from receipt of your application package. Failure to provide all required documents will delay renewal of your license. Expedited processing is not available. Requests will be processed on a first-come, first-serve basis.
- Only renewal of non-commercial licenses, permits, and ID's is available by mail. Renewal of Commercial Driver's Licenses (CDL's) must be done in person at a DDS location.

To complete renewal by mail, please mail all required documents (see reverse side for specific requirements) to the following address along with your payment:

**DDS Special Issuance  
2206 Eastview Parkway  
Conyers, GA 30013**

Please make checks or money orders payable to DDS for the renewal fee of \$20. A separate check or money order is required for each customer's renewal request. If paying by credit card, please complete the enclosed Credit Card Authorization Form and return with your application package.

The chart on the back of this page lists the documents required for each type of renewal. Blank application form (DDS-23S), Vision Screening Results form if applicable (DDS-274A), and Credit Card Authorization (DDS-100) form are enclosed for completion.

Please direct any questions to our Customer Contact Center at 1-866-754-3687.

## DDS Mail-in Renewal Requirements

Please check the section that applies to you and submit all required documents in that section.  
Include this form with your documents.

**Note: 8-year renewal is not available by mail.**

<p style="text-align: center;"><input type="checkbox"/> <b>Military</b></p> <ol style="list-style-type: none"> <li>1. DDS-23S application completed and notarized</li> <li>2. Vision Screening Results Form (DDS-274A) completed (if applicable)</li> <li>3. Payment of \$20 (check, money order, or credit card authorization)</li> <li>4. Signed letter from Commanding Officer on military unit letterhead verifying that the customer (referenced by name) is currently serving at the location, or that the customer (referenced by name) is the spouse or dependent of a member of the military (referenced by name) currently serving at the location</li> </ol>	<p style="text-align: center;"><input type="checkbox"/> <b>Students</b></p> <ol style="list-style-type: none"> <li>1. DDS-23S application completed and notarized</li> <li>2. Vision Screening Results Form (DDS-274A) completed (if applicable)</li> <li>3. Payment of \$20 (check, money order, or credit card authorization)</li> <li>4. Signed letter from an official at the school on school letterhead verifying that the student (referenced by name) is currently enrolled in the school, or that the customer (referenced by name) is the spouse or dependent of a student (referenced by name) currently enrolled in the school</li> </ol>
<p style="text-align: center;"><input type="checkbox"/> <b>Temporarily Employed Out of State</b></p> <ol style="list-style-type: none"> <li>1. DDS-23S application completed and notarized</li> <li>2. Vision Screening Results Form (DDS-274A) completed (if applicable)</li> <li>3. Payment of \$20 (check, money order, or credit card authorization)</li> <li>4. Signed letter from the customer's employer on employer letterhead verifying that the customer (referenced by name) is temporarily employed outside the State of Georgia, or that the customer (referenced by name) is the spouse or dependent of an employee (referenced by name) temporarily employed outside the State of Georgia</li> </ol>	<p style="text-align: center;"><input type="checkbox"/> <b>Physically Unable to Visit CSC in Person</b></p> <ol style="list-style-type: none"> <li>1. DDS-23S application completed and notarized</li> <li>2. Vision Screening Results Form (DDS-274A) completed (if applicable)</li> <li>3. Payment of \$20 (check, money order, or credit card authorization)</li> <li>4. Signed verification from a licensed physician that the customer is incapacitated and unable to visit a DDS Customer Service Center in person to renew</li> </ol>

Please mail all required documents to the following address along with your payment of \$20 (no fee if customer holds a current Veteran license):

**DDS Special Issuance  
2206 Eastview Parkway  
Conyers, GA 30013**



## APPLICATION FOR DRIVER'S LICENSE, PERMIT, OR IDENTIFICATION CARD

DRIVER'S LICENSE/PERMIT/ID NUMBER	RESTRICTIONS	CLASSE(S) APPLIED FOR
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**PLEASE PRINT CLEARLY**

<b>SECTION A</b> <span style="float: right;">*Response is optional</span>						
LAST NAME		SUFFIX	FIRST NAME		MIDDLE NAME (MAIDEN)	
COMPLETE GEORGIA ADDRESS (STREET ADDRESS OR PO BOX, APT #, CITY, STATE, ZIP CODE)						
COMPLETE MAILING ADDRESS IF DIFFERENT (STREET ADDRESS OR PO BOX, APT #, CITY, STATE, ZIP CODE TO MAIL LICENSE TO)						
PRIMARY TELEPHONE NUMBER*		SECONDARY TELEPHONE NUMBER*		EMAIL ADDRESS*		
DATE OF BIRTH			MALE <input type="checkbox"/>	HEIGHT	WEIGHT	EYE COLOR
MONTH	DAY	YEAR	FEMALE <input type="checkbox"/>			SOCIAL SECURITY NUMBER

Are you a U.S. citizen?     Yes     No  
 If No, what is your Alien Registration Number or I-94 Number?

<b>SECTION B (check appropriate boxes and answer applicable questions)</b>	
1. List the names of all states or countries, including Georgia, in which you have ever been issued or currently hold a driver's license, instructional permit, or identification card. For each state or country, list the number, name, and date of birth on the card.	
2. List the names of all states or countries, including Georgia, in which your driver's license, instructional permit, or identification card, or privilege to drive is currently revoked, suspended, canceled, or denied. For each state or country, list the reason and when the action was taken.	
3. Is your driver's license being held by a police officer, law enforcement agency, or court in this state or any other state or country?    If Yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

If applying for a driver's license or instructional permit, do you wear glasses or contact lenses for driving?     Yes     No

<b>FOR DEPARTMENTAL USE ONLY</b>	<b>Vision Screening Results</b>	<b>Field of Vision</b>	<b>With Lenses</b>	<b>Without Lenses</b>
<b>DO NOT WRITE IN THIS SPACE</b>	<input type="checkbox"/> Sight Screener	Right _____	20/	20/
	<input type="checkbox"/> Doctor Certificate	Left _____	20/	20/
	<input type="checkbox"/> Bioptics	Both _____	20/	20/

5. Are you a habitual user of alcohol or any drug to a degree which renders you incapable of safely driving a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever had seizures, fainting, heart trouble, hearing problems, musculoskeletal performance problems, or respiratory function problems?    If Yes, date of last incident: ____/____/____ Please describe and provide physician name and city:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been diagnosed with any mental disability or disease? If yes, have ever been rendered incompetent? If so, are you currently restored to competency by the methods provided by law?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have any identical brother(s) or sister(s)? If Yes, list full name(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you wish to have "Organ Donor" displayed on your license or ID?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If applying for a driver's license or instructional permit, do you want to donate \$1 for the prevention of blindness?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
11. If you are a male U.S. citizen under the age of 26, have you registered with the Selective Service System?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

*The Georgia Department of Driver Services is required to ask all males under the age of 26 who are U.S. citizens whether they have registered with the U.S. Selective Service System, and to report the responses to the U.S. Selective Service System. Your response today does not initiate registration with the U.S. Selective Service System, however, you may be contacted by that agency as a result of your response. Your signature on this application serves as an indication that you have already registered with the U.S. Selective Service System or that you are authorizing the department to forward the necessary information to that agency for such registration. Your signature on this application constitutes consent to be registered with the U.S. Selective System if you are not already so registered. O.C.G.A. §40-5-8.*

**SECTION C – Lost/Stolen License**

If you cannot surrender your license for any reason, please check the appropriate box below:

- I am unable to surrender my SUSPENDED or REVOKED driver's license to DDS because it is lost, or for some other reason, surrender is not possible.
- I am seeking renewal or replacement of my lost Georgia driver's license, permit, or identification card. I hereby swear or affirm that my Georgia driver's license/permit/ID card is not currently revoked, suspended, cancelled, or denied; nor is it being held by a police officer, law enforcement agency, licensing jurisdiction, or court in this or any other state.

**SECTION D – Emergency Contact Information**

<b>Name</b>	<b>Telephone Number</b>	<b>Relationship</b> <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other
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**SECTION E – Voter Registration Application**

1. Do you want to register to vote?  Yes    No
2. If you are requesting a change of address on this application, is the change of address for voter registration purposes also?  Yes    No
3. Race (optional):    Asian/Pacific Islander    Black    Hispanic/Latino    White    Other

Your signature in this section serves as an attestation under penalty of perjury that all of the following requirements have been met:

- √ I am a citizen of the United States, and I am a resident of the State of Georgia and of the county or municipality in which I seek to vote.
- √ I am 18 years of age or older or will be 18 years of age within six months of the date of my application.
- √ I am not serving a sentence for having been convicted of a felony involving moral turpitude.
- √ I have not been judicially determined to be mentally incompetent, or if such determination has been made, the disability has been removed.

WARNING: Any person who registers to vote knowing that such person does not possess the qualifications required by law, who registers under any name other than such person's own legal name, or who knowingly gives false information in registering, shall be guilty of a felony.

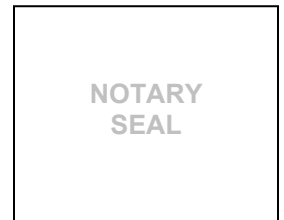
Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION F – Required Signatures**

Under penalty of law, I swear or affirm that I am a resident of the State of Georgia, and the information provided on this application is true and correct. I understand that it is illegal to make false, fictitious, or fraudulent statements on this application. I grant permission to the Department of Driver Services to verify information furnished to the Department through the release of any and all applicant information to third parties which shall include, but not be limited to the U.S. Department of Homeland Security or other public or private entities wherein such disclosure of the information by the Department is not prohibited by law.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Notary Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



The section below must be completed if applicant is under 18 years of age:

I, \_\_\_\_\_, hereby certify that I am the parent, guardian, or responsible adult approving the issuance of this driver's license or instructional permit. I further certify that I have reviewed the information contained in this application, and that the information provided here is true and correct.

Signature (Parent, Guardian, or Authorized Person) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_      Driver's License/Identification/Social Security Number \_\_\_\_\_

**FOR DEPARTMENTAL USE ONLY**

Non-Commercial Exam Results					General Observations / Retake Reason:
Date					
Class					
Law					
Road Signs					
Motorcycle RT					
Road Test					



**Georgia Department of Driver Services  
Application for Non-Commercial License  
Vision Screening Results**

Instructions: Section A must be completed by the applicant. Sections B and C must be completed by an optometrist or ophthalmologist currently licensed to practice in the United States, and the applicant must sign the form in Section C in the presence of the optometrist or ophthalmologist.

**SECTION A – CUSTOMER INFORMATION – TO BE COMPLETED BY APPLICANT**

Driver's License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Full Legal Name \_\_\_\_\_

Applicant's Complete Address \_\_\_\_\_

\_\_\_\_\_

**SECTION B – VISUAL EXAMINATION RESULTS**

1. Visual Acuity                      Right eye – 20/\_\_\_\_\_      Left eye – 20/\_\_\_\_\_

2. Horizontal Field of Vision

Right \_\_\_\_\_ Degrees      Left \_\_\_\_\_ Degrees      Total \_\_\_\_\_ Degrees

3. Were corrective lenses used for these results?    Yes                       No

Check here if correction is achieved with other than conventional lenses (bioptics). If box is checked, a detailed report must be attached.

**IMPORTANT:** For proper identification, please have the person whom you have examined sign the report in your presence.

SIGN HERE: \_\_\_\_\_

Date of examination \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION C – OPTOMETRIST / OPHTHALMOLOGIST CERTIFICATION**

I \_\_\_\_\_ being licensed to practice in the state of \_\_\_\_\_, hereby certify that I have personally examined the vision of the above named, that the results indicated on this form represent a true record of my examination and that he or she signed this form in my presence.

Printed Name of Optometrist/Ophthalmologist \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ License # \_\_\_\_\_

\_\_\_\_\_  
Signature of Optometrist / Ophthalmologist

\_\_\_\_\_  
Today's Date



# Credit Card Payment Authorization Form

Instructions: To pay by credit card, please complete both sections below.

## CREDIT CARD HOLDER INFORMATION

Please check credit card type:

- Visa
- MasterCard
- Discover
- American Express

Credit card number: \_\_\_\_\_ Expiration date : \_\_\_\_\_ / \_\_\_\_\_ ( mm/yy )

Exact name as it appears on the credit card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Amount to be charged: \$ \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## LICENSEE/DRIVER INFORMATION

Name as it appears on Driver's License/ID: \_\_\_\_\_

Licensee's Drivers License / ID number: \_\_\_\_\_

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

Gender (circle one): Male Female

Please send this credit/debit card payment form and supporting documents to:

Georgia Department of Driver Services  
 ATTN: Validation  
 P. O. Box 80447  
 Conyers, GA 30013

What type of service is this payment for? \_\_\_\_\_

\_\_\_\_\_

## Mail in Renewal – Georgia Address Change

Please provide one document from the list below if your request for renewal includes a change of your address in Georgia.

**Utility bill issued within the last sixty (60) days;**

*In general a utility bill will be for a service provided to the customer that designates their residency or service address. Common examples include telephone, mobile phone, water, sewer, electricity, gas, propane, satellite, cable TV, Internet or garbage collection.*

**Bank statement issued within the last sixty (60) days;**

*A bank statement is considered a statement, printout or letter from any financial services company. Common examples include statements for Checking or Savings accounts, Credit Card statements, credit union statements, loan payments, auto, motorcycle and RV loans.*

**Currently valid rental contracts and/or receipts for payments made within the last sixty (60) days for rent payments;**

*This includes rental agreements and leases for a home, apartment, mobile home, dorm, extended stay hotel, etc. Common examples include rental agreement or receipt, general lease agreement, student housing contract, letter from shelters, retirement or medical centers and extended stay hotel receipts.*

**Employer verification, including, but not limited to, one of the following:**

*Employer verification may be a formal statement or letter from the company stating the residency address for the employee. Letters should be on company letterhead. Common examples include Paycheck, Paycheck stub, W-2 form from current or preceding year (these can also be used for SSN verification). Examples that can only be used to prove residency include letters from the employer, military orders, etc.*

**Non-expired Georgia driver's license, permit or identification card issued to the applicant's parent, guardian, spouse, or child;**

*For minors and dependents, unexpired GA driver's license, permit or ID card issued to parent, guardian or spouse residing in same household. For dependent parents, unexpired GA driver's license, permit or ID card issued to a relative residing in the same household.*

**Health insurance statement or explanation of benefits for claim;**

*This includes all health related invoices or statements for service or benefits. Specific information concerning medical conditions should be covered if possible prior to scanning. Common examples include Health/life insurance statement or invoices, Hospital, clinic, doctor, or lab bills.*

**State of Georgia or Federal income tax return for current or preceding calendar year;**

*This includes all information mailed to the customer concerning tax matters from the State of Georgia or Federal Government. Common examples include tax statements, bills or refund checks.*

**Annual social security statement for current or preceding calendar year;**

*This can include any documentation from the Social Security Administration that includes their address. Common examples include Annual Benefit statement, Numident record, Social Security Check.*

**Medicare or Medicaid statement;**

*This can include any documentation from the State or Federal Insurance programs. Common examples Medicare/Medicaid statements, unemployment statements, WIC or other public assistance statements or statements issued by a Federal, State or Municipality.*

**School record or transcript for current or preceding calendar year;**

*This includes documentation from all instructional institutions public and private. Common examples include the DS1, School transcripts, student loans or report cards.*

**Homeowners insurance policy or bill for current or preceding calendar year;**

*This includes statements or invoices from insurance or mortgage companies. Common examples include Homeowners insurance bill, statement of claim, binder or cancellation notice.*

**Mortgage, payment coupon, deed, or property tax bill for current or preceding calendar year.**

*This includes documentation for household or other real property. Common examples include household mortgage, settlement or escrow statements, property tax bills, or vehicle registration.*

**Additional Approved Documents**

*Voter Registration card; unexpired firearms license (gun permit); unexpired Merchant Marine License; I-797A; I-797C; correspondence from DDS; other documents issued by Federal/State/Municipal government*