



**CERTIFICATE OF ELIGIBILITY FOR VETERANS, SURVIVING SPOUSES AND ALLIES  
DRIVER'S LICENSE/IDENTIFICATION CARD**

**INSTRUCTIONS:**

- This application is for a Veteran, Surviving Spouses, and Allies Driver's License or State of Georgia Identification Card as provided in § 40-5-36 of the Official Code of Georgia Annotated.
- **PART I:** Veteran and/or spouse must complete and sign it in the presence of a representative of the Georgia Department of Veterans Service (GDVS).
- **PART II:** To be completed by GDVS.
- Official records must be presented to support residency and service claims.
- Take completed form to the Department of Driver Services (DDS) Customer Service Center. In addition to identification verification, DDS may review the documentation presented to GDVS in obtaining the certification.

**PART I**

**Check the appropriate box:**

- |  |  |
|--|--|
| <input type="checkbox"/> I am a veteran  | <input type="checkbox"/> I am the lawful spouse of the disabled veteran identified below.          |
| <input type="checkbox"/> I am a disabled veteran   | <input type="checkbox"/> I am the surviving spouse of a deceased veteran and I have not remarried. |
| <input type="checkbox"/> I am a veteran who is a US citizen as well as a GA resident and served on active duty in the armed forces of an ally of the US during wartime or any conflict when personnel were committed by the President of the US. |  |

**Applicant**

**Deceased or Disabled Veteran's Information**

_____	_____	_____
First Name	Middle	Last Name
_____	_____	_____
Current Address: (Street)	(City)	(State) (Zip)
_____	_____	_____
Current Driver's License #	SSN#	
_____	_____	_____
Date of Birth (mm/dd/yy)	State of Birth	
_____	_____	_____
Service #	Active Duty Start Date	Separation Date
_____	_____	_____
Branch of Service	Type of Discharge	

_____	_____	_____
First Name	Middle	Last Name
_____	_____	_____
Date of Birth (mm/dd/yy)	State of Birth	
_____	_____	_____
Date of Death (mm/dd/yy)		
_____	_____	_____
Current GA Driver's License #	SSN#	
_____	_____	_____
Service #	Active Duty Start Date	Separation Date
_____	_____	_____
Branch of Service	Type of Discharge	

**PART II (To be completed by GDVS)**

CERTIFICATION: The information in PART I has been verified from the following official records:

_____	_____	_____	_____
Supporting Document	Dates of Residence	From	To
_____	_____	_____	_____
Supporting Document	Dates of Residence	From	To

"I certify the information provided by me on this application is true and correct."

Applicant's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

State and federal law provide severe penalties, to include fines, imprisonment, or both, for the willful submission of any false statement or evidence of a material fact.

"This is to certify the applicant meets the requirements to qualify for the Veterans Driver's License as provided for in Chapter 5 of Title 40 of the Official Code of Georgia Annotated."

\_\_\_\_\_  
Commissioner, GDVS  
By: \_\_\_\_\_  
(Name of GDVS Representative)

Office Address: \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_