

Issuance of a Learner's Permit (CP) Visually Impaired/Legally Blind Parent/Legal Guardian/Responsible Adult

INSTRUCTIONS:

Thank you for your interest in applying for a Visually Impaired/Legally Blind Parent/Legal Guardian/Responsible Adult Learner's Permit. The Georgia Department of Driver Services (DDS) offers a learner's permit to 14-year-old minors whose Parent/Legal Guardian/Responsible Adult is visually impaired/legally blind.

The following general requirements and conditions apply:

- Minor must be at least 14 years old at the time of application
- Minor's Parent/Legal Guardian/Responsible Adult must be visually impaired/legally blind
- Minor must complete the Visually Impaired/Legally Blind Parent packet
 - Minor's Parent/Legal Guardian/Responsible Adult must have an Optometrist/Ophthalmologist complete the Vision Report (DDS-274B)

Once the above general requirements have been met, mail or fax the completed Vision Report (DDS-274B) to the following address for processing:

**Georgia Department of Driver Services
Medical Review Unit
P.O. Box 80447
Conyers, GA 30013
Fax: 770-344-3629**

When an approval letter is received, the minor must visit a Customer Service Center (CSC) and the Parent/Legal Guardian/Responsible Adult **must** accompany to sign the application. The following requirements must be provided to take the Vision and Knowledge Exams:

- \$10.00 Non-Refundable Testing Fee
- Original/Certified US Birth Certificate or Valid US Passport
- Current Certificate of School Enrollment
- Social Security Number
- Proof of Residence
- Immigration documents required for non-citizens
- Completed Visually Impaired Parent Packet consisting of:
 - Form for License/Permit/ID (DDS-23)
 - Responsible Adult Affidavit (DDS-357)

Please direct any questions to our Customer Contact Center at: (678) 413-8400.



GEORGIA DEPARTMENT OF DRIVER SERVICES
VISION REPORT FOR VISUALLY IMPAIRED/LEGALLY BLIND PARENT/LEGAL GUARDIAN/RESPONSIBLE ADULT
 MAIL TO: Medical Review Unit | P.O. Box 80447 | Conyers, GA 30013 | Fax: 770-344-3629

INSTRUCTIONS

IMPORTANT: Submit completed form to the Department of Driver Services (DDS) Medical Review Unit

1. Section **A** must be completed by the minor
2. Sections **B** and **C** must be completed by an optometrist/ophthalmologist currently licensed to practice in the United States of America

SECTION A – MINOR INFORMATION

Driver's License or Identification Number (Optional): _____ Date of Birth: ____/____/____
DD MM YYYY

Full Legal Name: _____
Last Name First Name Middle Initial

Residential Address: _____
Street

City: _____ State: _____ Zip: _____ Telephone #: _____

SECTION B – VISUALLY IMPAIRED/LEGALLY BLIND PARENT/LEGAL GUARDIAN/RESPONSIBLE ADULT INFORMATION

Full Legal Name: _____
Last Name First Name Middle Initial

Date of Birth: ____/____/____ Relationship to Minor: _____ Telephone #: _____
DD MM YYYY

Residential Address: _____
Street City State Zip

1. Visual Acuity: Right Eye – 20/____ Left Eye – 20/____ Both – 20/____
2. Horizontal Field of Vision: Right ____ degrees Left ____ degrees Total ____ degrees
3. Were corrective lenses used for these results? Yes No

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

PARENT/LEGAL GUARDIAN/RESPONSIBLE ADULT SIGN HERE: _____

SECTION C – OPTOMETRIST/OPHTHALMOLOGIST CERTIFICATION

I, _____, being licensed to practice in the United States of America, hereby certify that I have personally examined the vision of the above-named individual. The results indicated on this form represent a true record of my examination and that he or she signed this form in my presence.

Name of Practice: _____

Optometrist/Ophthalmologist Name: _____
Last Name First Name Middle Initial

Optometrist/Ophthalmologist License #: _____

Practice Address: _____
Street City State Zip

Telephone #: _____

I certify that the parent/legal guardian/responsible adult of the minor, listed above, is visually impaired/legally blind.

X _____
Signature of Optometrist/Ophthalmologist **Date of Examination**



GEORGIA DEPARTMENT OF DRIVER SERVICES
FORM FOR LICENSE/ID/PERMIT

SECTION A : FORM INFORMATION

Do you now have or have you ever had a Georgia Driver's License, Identification Card or Permit? Yes No

Form fields for personal information: GEORGIA DRIVER'S LICENSE/ID/PERMIT#, SOCIAL SECURITY #, LEGAL FIRST NAME, MIDDLE OR MAIDEN NAME, LEGAL LAST NAME, SUFFIX (Jr, Sr, II, III, IV)

MAILING ADDRESS (STREET ADDRESS OR PO BOX, APT #, CITY, STATE, ZIP CODE):

RESIDENTIAL ADDRESS - If different from MAILING ADDRESS above (STREET ADDRESS, APT #, CITY, STATE, ZIP CODE):

Form fields for contact information: PHONE #, Alt. Phone #, EMAIL

Form fields for physical characteristics: BIRTH DATE (mm/dd/yyyy), GENDER (M/F), HEIGHT (Feet/Inches), WEIGHT (Pounds), EYE COLOR

SECTION B : LEGAL STATUS

By completing this form and signing the back, I swear that one of the following is true and accurate pursuant to O.C.G.A. §50-36-1

- I am a United States citizen, OR
I am a legal permanent resident, OR
I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States. Alien Registration number OR I-94 number for non-citizens:

SECTION C : ANSWER EACH QUESTION

11 numbered questions regarding driver's license status, history, and related information with Yes/No checkboxes.

The Georgia Department of Driver Services (DDS) is required to ask all male U.S. citizens and immigrants, 18 - 25 years old, if they are registered with the U.S. Selective Service System (SSS). The DDS will report all responses to the SSS. You may be contacted by that agency as a result of your response. If you are not registered with the SSS, your signature constitutes consent to be registered. Please contact the SSS to verify registration. O.C.G.A. §40-5-8.

SECTION D: VOTER REGISTRATION

The office where the registration application was submitted and any failure to register will remain confidential and will be used for voter registration purposes only.

1 **NOTE:** All information provided on this form will be used for voter registration purposes, unless you opt-out. Opt-Out

2 **RACE:** American Indian Asian/Pacific Islander Black Hispanic/Latino Multiracial White Other Refuse

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.
- ✓ I am at least 17 ½ years of age.
- ✓ I reside at the address listed on this form.
- ✓ I am eligible to vote in Georgia.
- ✓ I am not serving a sentence for conviction of a felony involving moral turpitude. (You are serving a sentence if you are on probation or parole from your conviction of a felony involving moral turpitude.)
- ✓ I have not been judicially declared mentally incompetent, or if such declaration 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. The penalties for false registration are up to ten years in prison and up to a \$100,000.00 fine pursuant to O.C.G.A. § 21-2-561.



DO NOT SIGN UNTIL INSTRUCTED BY A DDS TEAM MEMBER.

Customer's Signature **X** _____

Date _____ / _____ / _____
mm dd yyyy

SECTION E: OTHER (Optional Information)

1 **EMERGENCY CONTACT**
Name: _____ Phone Number: _____

2 **Do you want your blood type displayed on your card?** Yes No
If **Yes**, please check blood type: A + A - B + B - AB + AB - O + O -
NOTE: This information is voluntary and may be used to assist medical personnel. You agree to hold DDS harmless for any/all injuries that may occur from using this information.

SECTION F: REQUIRED SIGNATURE

This form can be notarized at the Customer Service Center for free.

Under penalty of law, I swear or affirm that I am a resident of the State of Georgia, and that any and all information provided on this form is true and correct. I understand that it is illegal to make false, fictitious, or fraudulent statements on this form. I grant permission to the Department of Driver Services to verify information furnished to the Department through the release of any and all customer 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.



DO NOT SIGN UNTIL INSTRUCTED BY A DDS TEAM MEMBER.

Customer's Signature **X** _____

Date _____ / _____ / _____
mm dd yyyy

Examiner's Signature _____

Date _____ / _____ / _____
mm dd yyyy

NOTARY
SEAL

SECTION G

SEE RESPONSIBLE ADULT AFFIDAVIT FOR SIGNATURE ON APPLICATION OF MINOR.



GEORGIA DEPARTMENT OF DRIVER SERVICES
SECTION G: RESPONSIBLE ADULT – ADDITIONAL SIGNATURE AFFIDAVIT

*This affidavit is required for customers under 18 years of age.

Applicant's Information

Name: Last First MI
GA Driver License, Permit or Identification Card #: Date of Birth: mm dd yyyy

Responsible Adult Information

Name: Last First MI
GA Driver's License, Permit, Identification Card # or Other: Date of Birth: mm dd yyyy

I am eighteen (18) years of age or older AND competent to verify the form AND have personal knowledge of the applicant.

Please initial ONE statement, below, that applies:

- I am a parent or legal guardian.
I am a certified Driver Training Instructor authorized to act on behalf of the parent, legal guardian or responsible adult of the applicant and have presented notarized documentation verifying this fact.
I am a government employee, who as part of my duties, has worked with or assisted the applicant. (Must provide proof of Employee ID or Letter from State Agency).
I am an employee of a homeless shelter, or residential facility where the applicant resides. (Must provide proof of Employee ID or Letter from State Agency).
I am a step-parent. (Must provide a valid marriage license or document reflecting marriage to the biological parent of the applicant).
I am a person who can be identified by a state agency or official, school official or certified school records, or documentation from a federal agency or entity as responsible for this minor.

OR

I have overall responsibility for this minor and permission from the Parent or Legal Guardian:
State/Country-Issued ID or Passport#: Name (Print):
State/Country of Issuance:

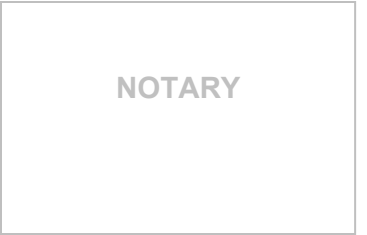
Signatures

Applicant's Signature: Date:
Responsible Adult's Signature: Date:

Notary

Sworn to and subscribed before me this Day of Month, 20 Year

Notary's Signature:



Notice: This form is subject to the provisions of O.C.G.A. §16-10-20 as it relates to providing false information to a government entity.