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
  - 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.

Revised 04/2021
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: ______/_____/______

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 #: ___________________________

Residential Address:
Street: ___________________________ City: ___________________________ State: ______ Zip: ______

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

Signature of Optometrist/Ophthalmologist: ___________________________ Date of Examination: ___________________________
**SECTION A: FORM INFORMATION**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you now have or have you ever had a Georgia Driver’s License, Identification Card or Permit?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

**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):

**PHONE #:**

**Alt. Phone #:**

**EMAIL:**

**BIRTH DATE:** / / 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**

1. **What can we help you with today?** ☐ License/Permit  ☐ Identification Card  ☐ Reinstatement

2. **Have you ever had a GA, Out-of-State or Foreign Driver's License, Identification Card or Permit?**
   If Yes, please list the most recent (a)State or Country and (b)Name on Card:
   1. (a) (b)
   2. (a) (b)

3. **Is your Driver’s License, Permit or privilege to drive currently revoked, suspended, cancelled or denied?**
   If Yes, list most recent:
   - State:
   - Action:
   - Date of Action: / / yyyy

4. **Did you bring your GA, Out-of-State or Foreign Driver’s License, Identification Card or Permit with you today?**
   If No, why?: ☐ A Law Enforcement/Official has it; ☐ It is damaged, lost or stolen; ☐ New Customer

5. **Do you wear prescription glasses or contact lenses for driving?**

6. **Have you ever suffered with: Seizures, Fainting or Other Loss of Consciousness?**
   If Yes, please list Date of Last Episode: / / yyyy

7. **Were you born on the same date (month/day/year) as any of your brothers and/or sisters AND/OR do you have any identical siblings?**
   If Yes, please list their full name(s):

8. **Would you like to have “Organ Donor” displayed on your license or ID?**

9. **Would you like to donate $1 to the Georgia Drive for Sight Program for the prevention of blindness?**

10. **Would you like to donate to the Georgia Student Finance Authority for educational aid to children whose parents are/were public safety employees and were disabled or killed in the line of duty?** $1 $5 $10

11. **Are you a male U.S. citizen or immigrant under age 26?**
   If Yes, have you registered with the Selective Service System?

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 __/__/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- □ Other __________________________

   **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 __/__/YYYY

Examiner’s Signature __________________________ Date __/__/YYYY

**SECTION G**

SEE RESPONSIBLE ADULT AFFIDAVIT FOR SIGNATURE ON APPLICATION OF MINOR.
**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 ______________________, 20_____

Day                                                      Month                                       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.