**DDS Mail-in Renewal Options**

Thank you for your interest in renewing your Georgia Permit, Driver's License (DL) or Identification (ID) Card. The Georgia Department of Driver Services (DDS) 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 the mailing 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. **Remote renewals will be limited to one (1) issuance.**

Customers temporarily working out of state, and their dependents who are with them. **Remote renewals will be limited to one (1) issuance.**

Customers who are physically unable to visit a DDS Customer Service Center (CSC). **Will be issued a Georgia ID card only.**

The following general requirements and conditions apply:

- You must be a U.S. Citizen.
- You must currently have a Georgia Permit, DL or ID Card.
- Customers who are enrolled in Secure ID (Gold star in the top right corner) can renew their Georgia driver's license, permit or ID card online. **Exception:** Commercial driver's license/permits must be renewed at a Customer Service Center.
- You must submit proof of Georgia residency. A listing of acceptable documents for this purpose is enclosed.
- The customer requesting renewal must complete the DDS-23MIR form (Form for Driver's License/ID/ Permit), provide a signature and have it notarized in Section F.
- Customers 64 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).
- The customer must provide applicable payment for each renewal, payable by check, money order, or credit card.
- **Processing can take up to thirty (30) days from receipt of your completed 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 Driver's Licenses and Permits and ID Cards are available by mail.
- Customers who are physically unable to visit a Customer Service Center will only be issued an identification card.
- Renewal of Commercial Permits and Driver's Licenses (CDL) must be done in person at a DDS location.
- **If you are requesting a name change, you cannot use the mail-in renewal option. You must visit a CSC to present original legal name change documents and provide your signature.**

Effective July 1, 2012, the Department of Driver Services (DDS) began issuing Secure Permits, Driver's Licenses and Identification Cards. However, mail-in renewals are not eligible for enrollment in Secure ID. If you do not have a Secure ID already, you must visit a Customer Service Center to upgrade to a Secure ID – otherwise, you will receive a non-secure card. Only send the documents specified in this packet. For more information on Secure ID, visit our website and view the Secure ID FAQ.

To complete renewal by mail, please mail all required documents (see accompanying pages 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 applicable fee. 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 accompanying chart lists the documents required for each type of renewal. Blank forms are enclosed for completion.

Please direct any questions to our Customer Contact Center at (678) 413-8400 or email Central Issuance at centralissuance@dds.ga.gov

**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.

**All applications for mail-in renewal are subject to approval by DDS and may be denied.**

☐ Military

1. DDS-23MIR form completed and notarized.
2. Vision Screening Results Form (DDS-274A) completed (if applicable).
3. Signed affidavit (DDS-359 MIR) from Commanding Officer on 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.
4. Proof of Georgia residence.
5. **Payment of $32 (personal check, cashier's check, money order, or credit card authorization). ****

**NON-ACTIVE DUTY RESERVISTS NOT ELIGIBLE**

☐ Student Temporarily Located Out of State

1. DDS-23MIR form completed and notarized.
2. Vision Screening Results Form (DDS-274A) completed. (if applicable)
3. Signed letter (no more than 60 days) 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.
4. Proof of Georgia residence.
5. **Payment of $32 (personal check, cashier's check, money order, or credit card authorization). ****
6. **Remote renewals will be limited to one (1) issuance**.

☐ Temporarily Located Out-of-State

1. DDS-23MIR form completed and notarized.
2. Vision Screening Results Form (DDS-274A) completed. (if applicable)
3. Completed signed and notarized Affidavit for Customers on Temporary Work Assignment Out of State (DDS-360 MIR) indicating length of OOS work assignment.
   - **Section A** – **MUST** be completed if self-employed and/or dependent(s)
   - **Section B** – **MUST** be completed by customers' employer(s) and/or dependent(s)
4. Proof of Georgia residence.
5. **Payment of $32 (personal check, cashier's check, money order, or credit card authorization). ****
6. **Remote renewals will be limited to one (1) issuance**.

☐ Physically Unable to Visit CSC in Person

***IDENTIFICATION CARD ONLY***

1. DDS-23MIR form completed and notarized.
2. Completed, signed and notarized Affidavit for Voluntary Surrender (DS-577) of Georgia DL.
3. Signed and notarized affidavit (DDS-361MIR) from a Licensed Physician verifying that the customer is physically unable to visit a DDS Customer Service Center in person to renew.
4. Proof of Georgia residence.
5. **Payment of $32 (personal check, cashier's check, money order, or credit card payment authorization form). ****
6. ***Will be issued a Georgia ID Card ONLY.***
7. ***CURRENT GEORGIA DRIVER'S LICENSE MUST BE SURRENDERED.***

Please mail all required documents to the following address along with your applicable payment (no fee if customer holds a current Veteran license).

****** Requests for a duplicate or replacement Driver's License/Permit/Identification Card will last until the expiration date of your original card.

DDS Special Issuance
2206 Eastview Parkway
Conyers, GA 30013

# 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

| | |
|---|---|
| **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:** _____/_____/_____ 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

| | | |
|---|---|---|
| 1 | **What can we help you with today?** ☐ License/Permit ☐ Identification Card ☐ Reinstatement | |
| 2 | **Have you <u>ever</u> had a GA, Out-of-State or Foreign Driver's License, Identification Card or Permit?**<br>If Yes, please list the most recent **(a)**State or Country and **(b)**Name on Card:<br>**1. (a)** _____ **(b)** _____<br>**2. (a)** _____ **(b)** _____ | ☐Yes ☐No |
| 3 | **Is your Driver's License, Permit or privilege to drive currently revoked, suspended, cancelled or denied?**<br>If **Yes**, list most recent: **State**: _____ **Action**: _____**Date of Action**: ____/____/_____ | ☐Yes ☐No |
| 4 | **Did you bring your GA, Out-of-State or Foreign Driver's License, Identification Card or Permit with you today?**<br>If **No**, why? ☐ A Law Enforcement/Official has it; ☐ It is damaged, lost or stolen; ☐ New Customer | ☐Yes ☐No |
| 5 | **Do you wear prescription glasses or contact lenses for driving?** | ☐Yes ☐No |
| 6 | **Have you ever suffered with**: Seizures, Fainting or Other Loss of Consciousness?<br>If **Yes**, please list Date of Last Episode: ____/____/_____ | ☐Yes ☐No |
| 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?**<br>If **Yes**, please list their full name(s): _____ | ☐Yes ☐No |
| 8 | **Would you like to have "Organ Donor" displayed on your license or ID?** | ☐Yes ☐No |
| 9 | **Would you like to donate $1 to the Georgia Drive for Sight Program for the prevention of blindness?** | ☐Yes ☐No |
| 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 | ☐Yes ☐No |
| 11 | **Are you a male U.S citizen or immigrant under age 26?**<br>If **Yes**, have you registered with the Selective Service System? | ☐Yes ☐No<br>☐Yes ☐No |

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.

**Customer's Signature** X_____ **Date** _____/_____/_____
mm dd yyyy

## SECTION E: OTHER (Optional Information)

| | | |
|---|---|---|
| 1 | **EMERGENCY CONTACT**<br>**Name:** **Phone Number:**. | |
| 2 | **Do you want your blood type displayed on your card?**<br>If **Yes**, please check blood type: ☐ A + ☐ A - ☐ B + ☐ B - ☐ AB + ☐ AB - ☐ O + ☐ O -<br>**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. | ☐Yes ☐No |

## 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.

NOTARY SEAL

**Customer's Signature** X_____ **Date** _____/_____/_____
mm dd yyyy

**Notary's Signature** _____ **Date** _____/_____/_____
mm dd yyyy

# GEORGIA DEPARTMENT OF DRIVER SERVICES
# APPLICATION FOR NON-COMMERCIAL LICENSE
# VISION SCREENING RESULTS

## INSTRUCTIONS

**IMPORTANT:**

1. Section **A** must be completed by the applicant.
2. Sections **B** and **C** must be completed by an optometrist or ophthalmologist currently licensed to practice in the United States.
3. The applicant must sign the form in Section **A** 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 Physical Address: _____

_____

**Applicant Signature:** _____

## 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 (bioptic). 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.

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 individual, and 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.

Name of Practice _____

Physician Name:
Last: _____ First: _____ M.I. _____

Specialty: _____

Professional License Number/State _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ - _____ - _____

_____ _____

**Signature of Optometrist/Ophthalmologist** **Date**

# Affidavit for Voluntary Surrender of Georgia Driver's License, Permit, or Identification Card

I, _____ _____ _____,
*Last Name* *First Name* *Middle Name*

further identified by date of birth ____--____--_____, do hereby voluntarily surrender to the
*M M D D Y Y Y Y*

Georgia Department of Driver Services all of the following documents:

| | | | |
|---|---|---|---|
| License/Permit/Identification Card Number:_____ | _____ Class | _____ Issue Date | ☐ Document Surrendered ☐ Lost |
| License/Permit/Identification Card Number:_____ | _____ Class | _____ Issue Date | ☐ Document Surrendered ☐ Lost |
| License/Permit/Identification Card Number:_____ | _____ Class | _____ Issue Date | ☐ Document Surrendered ☐ Lost |
| License/Permit/Identification Card Number:_____ | _____ Class | _____ Issue Date | ☐ Document Surrendered ☐ Lost |
| License/Permit/Identification Card Number:_____ | _____ Class | _____ Issue Date | ☐ Document Surrendered ☐ Lost |

For each Georgia Driver's License/Permit/Identification card attached or lost, please explain why you do not want to replace:

_____

Under penalty of law, I do hereby swear or affirm that the information contained on this Affidavit for Voluntary Surrender of Georgia Driver's License/Permit/Identification Card is complete and accurate.

Signature: _____ Surrender Date: _____

**Sworn to and subscribed before me**

**this _____ day of _____, 20 ____.**

_____
**Notary Signature/Seal**

_____
**Commission expiration date**

**EXAMINER: Is a record combine necessary?** ☐ **YES** ☐ **NO**

# GEORGIA DEPARTMENT OF DRIVER SERVICES
# AFFIDAVIT FOR MILITARY PERSONNEL UNABLE TO VISIT A CUSTOMER SERVICE CENTER

**NOTE: THIS SERVICE IS NOT AVAILABLE FOR MILITARY RESERVISTS NOT ON ACTIVE DUTY**

## INSTRUCTIONS

**IMPORTANT:**

1. Section **A** ***must*** be completed and signed by the Military Member and/or Spouse or Dependent.
2. Section **B** ***must*** be completed and signed by Commanding Officer.
3. Completed and notarized form ***must*** be submitted to DDS within 60 days.

## SECTION A: CUSTOMER INFORMATION – TO BE COMPLETED BY MILITARY MEMBER AND/OR SPOUSE/DEPENDENT

I, _____, License Number_____,
Name of Service Member/Member's Spouse/Members' Dependent — Drivers' License Number

hereby state that during my absence from the State of Georgia pursuant to military orders, will be stationed at _____beginning _____through
Name/Place of Duty Station — Date Assignment Begins

_____.
Date Assignment Ends

I do solemnly swear under criminal penalty for the commission of a felony that the statements contained herein are true and accurate.

_____
Print Name - Military Member

_____
Print Name – Military Member Spouse or Dependent

_____
Signature & Date – Military Member

_____
Signature & Date – Military Member Spouse or Dependent

Sworn to and subscribed before me this
_____ day of _____, 20___
Day — Month — yyyy

Notary Seal

Notary Signature: _____

## SECTION B: COMMANDING OFFICER

I, _____, hereby certify that the above-
(Commanding Officer)

named service member will be/is deployed and residing out of the State of Georgia during the time stated above.

_____
Signature

_____
Printed Name

_____
Date

_____
Rank

_____
Military Reservation

# GEORGIA DEPARTMENT OF DRIVER SERVICES
# AFFIDAVIT FOR CUSTOMERS PHYSICALLY UNABLE TO VISIT A CUSTOMER SERVICE CENTER

## INSTRUCTIONS

**IMPORTANT:**

1. Section **A** ***must*** be completed and signed by the customer.
2. Section **B** ***must*** be completed and signed by a Physician currently licensed to practice in the United States.
3. Completed and notarized form ***must*** be submitted to DDS within 60 days.

## SECTION A: CUSTOMER INFORMATION – TO BE COMPLETED BY APPLICANT

I, _____, license number _____
Name of Georgia Customer — Driver's License/Permit or ID Card Number

hereby state that I am homebound or confined to a health care facility. Due to my condition, absences from my home or health care facility are infrequent for periods of relatively short duration or to receive health care treatment.

**I UNDERSTAND THAT I WILL BE REQUIRED TO SURRENDER MY GEORGIA DRIVER'S LICENSE OR PERMIT.**

I do solemnly swear under criminal penalty of perjury that the statements contained herein are true and accurate.

_____
Signature of Customer

_____
Date

Sworn to and subscribed before me this
_____ day of _____, 20___
Day — Month — year

Notary Signature: _____

Notary Seal

## SECTION B: PHYSICIAN CERTIFICATION

I, _____ hereby certify that the above-mentioned named patient is currently under my care and homebound.

_____
Physician Signature

_____
Date

_____
Physician Print Name

_____
Name of Practice

_____
Physician License Number

_____
Street Address

_____ _____ _____
City — State — Zip code

# GEORGIA DEPARTMENT OF DRIVER SERVICES
# AFFIDAVIT FOR CUSTOMERS ON TEMPORARY WORK ASSIGNMENT OUT OF STATE UNABLE TO VISIT A CUSTOMER SERVICE CENTER

## INSTRUCTIONS

**IMPORTANT:**

1. Section **A** ***must*** be completed and signed by the Self-Employed Applicant.
2. Section **B** ***must*** be completed and signed by Customer's Employer.
3. Completed and notarized form ***must*** be submitted to DDS within 60 days.

## SECTION A: TO BE COMPLETED BY SELF-EMPLOYED CUSTOMERS

I, _____, license Number_____,
Name of Georgia Resident — Driver's License Number

am currently and have been self-employed since_____.
mm/yyyy

As _____of _____ with _____,
Position/Title — mm/yyyy — Company Name

I have been working in_____ since _____ and do not
City/State/Country — mm/yyyy

plan to return to Georgia until _____. My temporary assignment will not last
(mm/yyyy)

longer than two years.

I do solemnly swear under criminal penalty of perjury that the statements contained herein are true and accurate.

_____
Self-Employee Signature

_____
Dependent Signature

_____
Date

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

Notary Seal

## SECTION B: TO BE COMPLETED BY CUSTOMER'S EMPLOYER

I, _____, certify that _____ is an
Employer — Name of Employee and DL #

employee of _____ and will be temporarily assigned
Name of Company

to_____ for a period of no more than two years beginning
State/Country

_____ and ending _____.
mm/yyyy — mm/yyyy

I do solemnly swear under criminal penalty of perjury that the statements contained herein are true and accurate.

_____
Employee Signature

_____
Dependent Signature

_____
Date

_____
Human Resources Representative Signature

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

Notary Seal

# 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: _____

## DRIVER'S LICENSE/PERMIT/IDENTIFICATION CARD HOLDER INFORMATION

Name as it appears on driver's license/permit/identification card: _____

Driver's license/permit/identification number: _____

Date of Birth: _____/_____/_____
Month Day Year

Gender (circle one): Male Female

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.

**The document must show your name and current residential address. P.O. Boxes do not prove residency.**

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

*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; REDACT ACCOUNT NUMBERS**

*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 DS-1, 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, Emancipation Document, any physical postmarked mail delivered by the U.S.P.S. (e.g. post marked envelopes, personal letters, marketing materials, periodicals, newsletters and magazines.*