



State of Georgia
Department of Driver Services

APPLICATION FOR ISSUANCE OF NON-COMMERCIAL E/F LICENSE

APPLICANT'S NAME
ADDRESS
CITY, STATE, ZIP
DATE OF BIRTH SEX
PREVIOUS LICENSE # CLASS

1. I hereby affirm that the above named applicant operated a motor vehicle of the class circled below:

CLASS F
(Any single vehicle with a GVWR of 26,001 or more pounds, or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR.)

CLASS E
(Any combination of vehicles with a GCWR or 26,001 or more pounds provided the GVWR of the vehicle(s) being towed is in excess of 10,000 pounds.)

For the period of time from to and/or operated a motor vehicle of the class indicated for approximately miles during a twelve (12) month period preceding this affidavit.

PUBLIC AGENCY EMPLOYER

2. Instructions for certification: Please complete sections 1, 2 and 4.

Name of public agency
Address of public agency
Signature of Authorized Representative

SELF-CERTIFICATION

3. Instructions for self-certification: Please complete sections 1, 3 and 4.

- Applicants who are self-employed or intend to operate a Class E or F vehicle for non-commercial purposes must check this box.

4. I hereby affirm that the statements included in this affidavit are accurate to the best of my knowledge.

Applicant's Signature

WITNESS DATE
(Notary Public - SEAL REQUIRED)