

## 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**

Once an approval letter is received, the minor must visit a Customer Service Center (CSC) and bring the following documents to take the Vision and Knowledge Exams:

- \$10.00 Non-Refundable Testing Fee
- Original/Certified Birth Certificate and/or Valid Passport
- Current Certificate of School Enrollment
- Social Security Card
- Parent/Legal Guardian/Responsible Adult must accompany you to sign the application
- Immigration documents required for non-citizens
- Completed Visually Impaired Parent Packet
  - Form for License/Permit/ID
  - Responsible Adult Affidavit

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

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** \_\_\_\_\_ DD / MM / YYYY  
 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

<b>GEORGIA DRIVER'S LICENSE/ID/PERMIT#:</b>	<b>SOCIAL SECURITY #:</b>
<b>LEGAL FIRST NAME:</b>	<b>MIDDLE OR MAIDEN NAME:</b>
<b>LEGAL LAST NAME:</b>	<b>SUFFIX:</b> <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> 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):

<b>PHONE #:</b>	<b>Alt. Phone #:</b>	<b>EMAIL:</b>
-----------------	----------------------	---------------

<b>BIRTH DATE:</b> mm / dd / yyyy	<b>GENDER:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>HEIGHT:</b> ___ Feet ___ Inches	<b>WEIGHT:</b> _____	<b>EYE COLOR:</b> _____
--------------------------------------	--	------------------------------------	----------------------	-------------------------

**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	<b>What can we help you with today?</b> <input type="checkbox"/> License/Permit <input type="checkbox"/> Identification Card <input type="checkbox"/> Reinstatement	
2	<b>Have you ever had a GA, Out-of-State or Foreign Driver's License, Identification Card or Permit?</b> If Yes, please list (a)State or Country, (b)Name on Card, (c)Card Number and (d)Expiration Date: 1. (a) _____ (b) _____ (c) _____ (d) mm / dd / yyyy 2. (a) _____ (b) _____ (c) _____ (d) mm / dd / yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<b>Is your Driver's License, Permit or privilege to drive currently revoked, suspended, cancelled or denied?</b> If Yes, list most recent: State: _____ Action: _____ Date of Action: mm / dd / yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<b>Did you bring your GA, Out-of-State or Foreign Driver's License, Identification Card or Permit with you today?</b> If No, why?: <input type="checkbox"/> A Law Enforcement/Official has it; <input type="checkbox"/> It is damaged, lost or stolen; <input type="checkbox"/> New Customer	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<b>Do you wear prescription glasses or contact lenses for driving?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	<b>Have you ever suffered with:</b> Seizures, Fainting or Other Loss of Consciousness? If Yes, please list Date of Last Episode: mm / dd / yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	<b>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?</b> If Yes, please list their full name(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	<b>Would you like to have "Organ Donor" displayed on your license or ID?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	<b>Would you like to donate \$1 to the Georgia Drive for Sight Program for the prevention of blindness?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	<b>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?</b> <input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	<b>Are you a male U.S citizen or immigrant under age 26?</b> If Yes, have you registered with the Selective Service System?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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.



**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: ADDITIONAL SIGNATURE REQUIRED FOR CUSTOMER UNDER 18 YEARS OF AGE**

I, \_\_\_\_\_, hereby certify that I am the parent, guardian, or responsible adult approving the issuance of this driver's license or instructional permit. I further certify that I have reviewed the information contained in this form, and that the information provided here is true and correct.



**DO NOT SIGN UNTIL INSTRUCTED BY A DDS TEAM MEMBER.**

Parent, Guardian, or Responsible Adult Signature **X** \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

Driver's License/Identification/Social Security # \_\_\_\_\_



## Responsible Adult Affidavit

### 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 License, Permit or 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 that applies***

- \_\_\_\_ I am a parent or legal guardian.  
\_\_\_\_ I am a social worker who 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 where the applicant resides. (Must provide proof of Employee ID or Letter from State Agency).  
\_\_\_\_ I am a step-parent of the applicant, as verified by a valid marriage license or certificate, or other such document demonstrating that the step-parent is married to a parent of the applicant.  
\_\_\_\_ Other persons whose identity can be verified by a state agency or official, school official or certified school records, or documentation from a federal agency or entity. Must provide documentation to show relationship. The following are examples of documents we can accept:
- \* Letter from Agency
  - \* Tax Return
  - \* Military Enrollment Documents
  - \* School Enrollment Form or Correspondence from School
  - \* Exchange Student Documents

### Signatures

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

Responsible Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Notary

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

\_\_\_\_\_  
Notary Signature Notary Seal Here

**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.

DDS-357 (04/17)