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. **Remote renewals will be limited to one (1) issuance.**

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.**

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 (Star in the top right corner) can renew their Georgia driver's license, permit, or ID card online. Please visit https://dds.georgia.gov/ for more information.
- Only renewal of **Non-Commercial** Driver's Licenses, Permits, and ID Cards are available by mail.
- 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.
- The customer must provide applicable payment for each renewal, payable by credit card.
- **Processing can take up to thirty (30) business 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.
- **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.**
- **If you are requesting an immigration status change from non-US citizen to US citizen, you cannot use the mail-in renewal option.**

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. Only send the documents specified in this packet. For more information on Secure ID, visit our website and view the Real 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

Revised 09/26

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

Can Renew Online.

Please see below for instructions on how to renew your Georgia credential online:

Log into your **DDS Online Services** Account. Once **logged in**, scroll down to **"Online Licensing Services"**

1. Must be enrolled in Secure ID (Star in the top right corner).
2. DDS-23MIR form completed and notarized.
3. Vision Screening Results Form (DDS-MR-274) completed (if applicable).
4. 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.
5. Copy of Military Orders.
6. Proof of Georgia residence.
7. **Payment of $32 (credit card authorization form).** **
8. **Remote renewals will be limited to one (1) issuance.**

NON-ACTIVE-DUTY RESERVISTS NOT ELIGIBLE

Student Temporarily Located Out of State

Can Renew Online

Please see below for instructions on how to renew your Georgia credential online:

Log into your **DDS Online Services** Account. Once **logged in**, scroll down to **"Online Licensing Services"**

1. Must be enrolled in Secure ID (Star in the top right corner).
2. DDS-23MIR form completed and notarized.
3. Vision Screening Results Form (DDS-MR-274) completed (if applicable).
4. Signed letter (no more than 60 days) from register office 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.
5. Proof of Georgia residence.
6. **Payment of $32 (credit card authorization form).** **
7. **Remote renewals will be limited to one (1) issuance.**

Temporarily Located Out-of-State

Can Renew Online.

Please see below for instructions on how to renew your Georgia credential online:

Log into your **DDS Online Services** Account. Once **logged in**, scroll down to **"Online Licensing Services"**

1. Must be enrolled in Secure ID (Star in the top right corner).
2. DDS-23MIR form completed and notarized.
3. Vision Screening Results Form (DDS-MR-274) completed (if applicable).
4. 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)
5. Proof of Georgia residence.
6. **Payment of $32 (credit card authorization).** **
7. **Remote renewals will be limited to one (1) issuance.**

Senior Drivers (64 and Older):

Can Renew Online or Visit a Customer Service Center

Please see below for instructions on how to renew your Georgia credential online:

1. **Log into** your **DDS Online Services** Account.
2. Once **logged in**, scroll down to **"Online Licensing Services"**, and select **"Submit Vision Documents"** and upload your completed **Vision Report Form (DDS-MR-274)** or a vision exam.

Either form MUST:

- Be dated within the last two years
- Be completed by a licensed optometrist or ophthalmologist
- Include the Visual Acuity Degrees, Horizontal Perception Degrees, or Monocular Field of Vision.

3) You will receive an email indicating approved, rejected, or denied.
   - **Approved** – Complete your renewal online.
   - **Denied** – Renewal cannot be completed online. You must come into a DDS Customer Service Center.
   - **Incomplete** – Review the missing or incomplete information. Resubmit the completed **Vision Report Form (DDS-MR-**

Visit **dds.georgia.gov/drivers-64-and-over** for more information.

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. ☐ I ☐ II ☐ III ☐ IV

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

RESIDENTIAL ADDRESS - (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: LAWFUL 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 qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States, or I am a legal Permanent Resident.

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)** _____ **By applying for and receiving a Georgia driver's license, permit, or identification card, I understand that any other previously issued driver's license, permit, or identification card from any state other than Georgia will be cancelled or surrendered.**	☐Yes ☐No ☐Affirmed
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:** mm / dd / yyyy	☐Yes ☐No
4	**Did you bring your GA, Out-of-State, or Foreign Driver's License, Identification Card, or Permit with you today?** If **No**, why not? ☐ 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	**Within the last 6 months, have you suffered with:** Seizures, Fainting, or Other Loss of Consciousness due to epilepsy? If **Yes**, please list Date of Last Episode: mm / dd / yyyy	☐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?** 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?** If **Yes**, have you registered with the Selective Service System?	☐Yes ☐No ☐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.

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?** 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.	☐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, including systematically, 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

Vision Form – Mail-In Only

Instructions: Complete the "Driver/Patient Section" below. After completing the "Driver/Patient Section," have your optometrist/ ophthalmologist complete and sign the "Optometrist/Ophthalmologist Section." Once the form is complete, submit with Mail-In Renewal Packet.

Driver/Patient Section			
Last Name:	First Name:		Middle Initial:
Mailing Address:	City/ State:	ZIP Code:	
Customer's Driver License Number (DL#):	Date of Birth:		
I hereby authorize my Optometrist/Ophthalmologist to complete and sign this form to provide information about my visual acuity to the Georgia Department of Driver Services (DDS). relating to the date and result of an eye examination, for the purpose of renewing or obtaining my Georgia Driver's license.			
Signature of Driver/Patient:		Date:	
Optometrist/Ophthalmologist Section			
Full Name (Please Print):	Medical License Number and State:		
Mailing Address:	City/State/Zip Code:	Phone Number:	

Pursuant to Georgia Law (O.C.G.A.§ 40-5-27). A driver must meet the following vision requirements to be issued a license:

- ***Acuity of 20/60 or better, corrected, or uncorrected in at least one eye***
- ***Visual Horizontal field of vision with both eyes open of at least 140 degrees***
- ***If only one eye has usable vision, the horizontal field of vision must be at least 70 degrees temporally and 50 degrees nasally.***

Please make selection below based on your examination and DDS requirements:

☐ Patient meets vision requirements to safely operate a motor vehicle.

☐ Patient meets vision requirements, but the following restrictions should be imposed for safety:

- ☐ B- Corrective lenses are required for driving.
- ☐ R- No Expressways
- ☐ G- Daylight Hours only (If difficulty seeing in dim light or at night)
- ☐ 1- Bioptic lenses

☐ Patient does not have sufficient vision to safely operate a motor vehicle.

Please provide reason(s): _____

Signature of Optometrist/Ophthalmologist:	Date of Examine:

DDS-MR-274**A**(082024)

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 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.