

CERTIFICATE OF ELIGIBILITY FOR GEORGIA "NATIONAL GUARD" DRIVER'S LICENSE

PART I – APPLICATION:

As a Georgia resident and member of the Georgia National Guard, I hereby apply for a "National Guard" Driver's License as provided for in Georgia Code Title 40-5-36, as amended.

NAME _____
(Last) (First) (Middle)

CURRENT GA. LIC. # _____

ADDRESS _____
(Street and Number)

SOC. SEC. # _____

(City) (State) (Zip)

N.G. SERVICE # _____

N.G. UNIT _____

BIRTH DATE _____
(Month) (Day) (Year)

ADDRESS _____

SIGNATURE _____

DATE _____

WITNESS _____

DATE _____

NOTE – Your driving record will be checked. If you are under Suspension or Revocation, this license will not be issued. Current Operator's License must be surrendered upon issuance of National Guard License.

PART I – CERTIFICATION:

The above driver is certified to be a member in good standing of the Georgia National Guard, has completed at least one year of satisfactory service, and is entitled to a distinctive Georgia Driver's License.

DATE ENTERED NATIONAL GUARD _____

DATE OF ELIGIBILITY _____

DATE _____

AUTHORIZING OFFICIAL _____
(Rank) (Name)

OFFICE ADDRESS _____

NOTICE OF CANCELLATION FOR GEORGIA "NATIONAL GUARD" LICENSE

PART I – The eligible status for a Georgia "National Guard" Driver's License has changed to ineligible status.

NAME _____
(Last) (First) (Middle)

DATE _____

RESIDENCE
ADDRESS _____
(Street and Number)

(City) (State) (Zip)

DATE OF BIRTH _____
(Month Day Year)

CURRENT DRIVER'S
LICENSE NO. _____

SOC. SEC. # _____

SERVICE # _____

This is to certify that the applicant does not meet the service requirements to qualify for the Georgia "National Guard" Driver's License as provided for in Title 40-5-36 of The Code of Georgia, as amended.

DATE _____

GEORGIA NATIONAL GUARD

BY _____
(Authorized Representative)

OFFICE
ADDRESS _____

(Street and Number)

(City) (State) (Zip)

MAIL THIS CANCELLATION FORM TO:

**Department of Driver Services
Licensing and Records Division
P.O. Box 80447
Conyers, Georgia 30013**