



Law Enforcement Guide to DDS Forms

DS-1205 – ALS Suspension Notification & Chemical Test Report

Purpose:

serves as a temporary driver's license for the arrestee when signed by the officer (date of issuance + 30 days)

Note: The DS-1205 should not be signed by the officer (thus activating it) if the driver did not have a valid license at the time of arrest.

When it is used:

when an individual is charged pursuant to §40-6-391 AND was requested to submit to a state administered chemical test AND:

- the driver refused implied consent, OR
- chemical tests indicated a BAC of .08 grams or more for a driver 21 years of age or older, OR
- chemical tests indicated a BAC of .02 grams or more for a driver under 21 years of age, OR
- chemical tests indicated a BAC of .04 grams or more for a driver operating a commercial motor vehicle

Note: If a particular situation is not described above exactly, please do not create an extra line; refer to the 180-day sticker below.

What else should be done:

the officer should seize the driver's license and forward it along with the DS-1205 to Driver Services within 10 days of issuance

DS-1127 - 180-Day Temporary Permit

Purpose:

serves as a temporary driver's license for the arrestee when affixed to the driver's copy of the citation for §40-6-391 (date of citation + 180 days)

When it is used:

when an individual is charged pursuant to §40-6-391 AND the driver was requested to submit to state administered chemical test AND:

- the results indicated an alcohol concentration in violation of §40-6-391 but less than the level for an administrative suspension as outlined on the DS-1205 (a 'less-safe' DUI)
- the chemical test results are pending at the time of processing the arrestee (either for alcohol or drugs)

What else should be done:

the officer should seize the driver's license; affix a 180-day sticker to the arrestee's copy of the citation; the driver's license should be attached to the 'court copy' of the UTC and forwarded to the court where it shall be held pending disposition

DS-1205S – Supplemental Chemical Test Report

Purpose:

used to notify DDS of the final results of a chemical test for DUI-alcohol

When it is used:

when the final results arrive for a chemical test that was pending at the time of arrest;

What else should be done:

the appropriate BAC should be indicated on the form and submitted to DDS if:

- chemical tests indicated a BAC of .08 grams or more for a driver 21 years of age or older, OR
- chemical tests indicated a BAC of .02 grams or more for a driver under 21 years of age, OR
- chemical tests indicated a BAC of .04 grams or more for a driver operating a commercial motor vehicle

Note: The DS-1205S is not applicable, and should not be submitted to DDS, if the chemical tests indicated: a BAC level less than described above, the presence of any drug, or the presence of any inhalant/vapor as described in §40-6-391(a)(3).

DS-1030 – Personal Service on Habitual Violator

Purpose:

official notice of personal service on an individual whose license has been revoked

When it is used:

when an officer has contact with an individual who has been classified a habitual violator pursuant to §40-5-58, and had their license revoked by DDS, but has not been declared and served of that habitual violator revocation

What else should be done:

seize the driver's license and forward it along with the form to DDS

DS-1150 – Official Notice of Personal Service for Suspension

Purpose:

official notice of personal service on an individual whose license has been suspended

When it is used:

when an officer has contact with an individual who has had their license suspended by DDS resulting from a conviction as outlined in Chapter 5 of Title 40 in O.C.G.A., but has not been served notice of that suspension

What else should be done:

seize the driver's license and forward it along with the form to DDS



**GEORGIA DEPARTMENT OF DRIVER SERVICES
P.O. BOX 80447
CONYERS, GEORGIA 30013**

**OFFICIAL NOTICE OF REVOCATION
PERSONAL SERVICE HABITUAL VIOLATOR**

Name _____ Date of Birth _____

Address _____ Sex _____

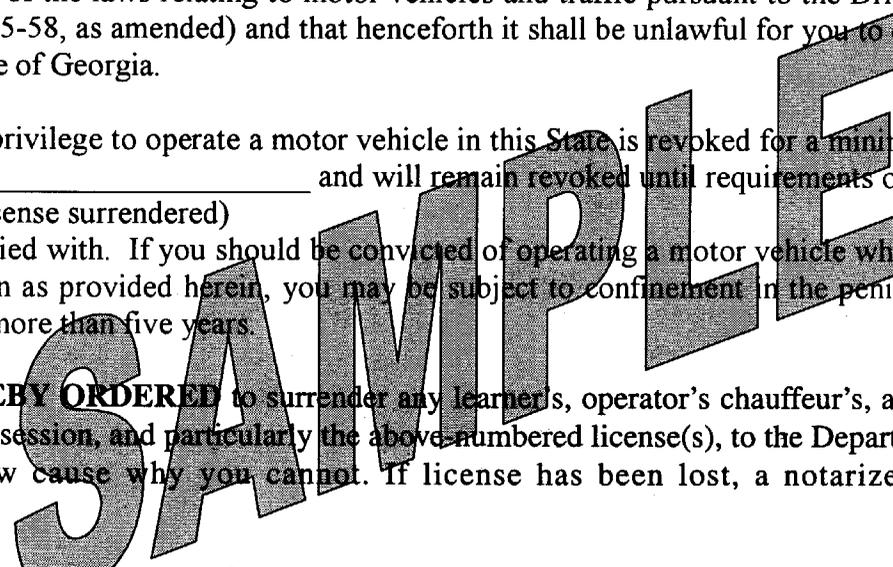
City _____ State _____ Zip _____ License No. _____

YOU ARE HEREBY NOTIFIED that as of _____ you have been declared a
(date declared)

Habitual Violator of the laws relating to motor vehicles and traffic pursuant to the Driver's Licensing Act (Ga. Code 40-5-58, as amended) and that henceforth it shall be unlawful for you to operate a motor vehicle in the State of Georgia.

Your license and privilege to operate a motor vehicle in this State is revoked for a minimum of five (5) years from _____ and will remain revoked until requirements of Code Section
(date license surrendered)

40-5-62 are complied with. If you should be convicted of operating a motor vehicle while your license is under revocation as provided herein, you may be subject to confinement in the penitentiary for not less than one nor more than five years.



YOU ARE HEREBY ORDERED to surrender any learner's, operator's chauffeur's, and/or veteran's license in your possession, and particularly the above-numbered license(s), to the Department of Driver Services, or show cause why you cannot. If license has been lost, a notarized affidavit is required.

I have personally received service of Habitual Violator Revocation Order:

Date _____

Signature of Licensee _____

License picked up? Yes _____ No _____

If not, why not _____

Serving Officer's Signature _____

Print Name and Badge Number _____

Agency Serving Order _____

Telephone Number _____

Agency's Mailing Address _____

City _____ State _____ Zip _____

MAIL TO: DEPARTMENT OF DRIVER SERVICES, P. O. BOX 80447, CONYERS, GA 30013

HEARING INFORMATION ON REVERSE SIDE

HEARINGS: Any person adversely affected by any decision or action of the Department and who is entitled to have that decision or action reviewed may file a request for a hearing with the Department, within ten (10) days of the receipt of this order, in accordance with the provisions of Rule 570-1-.06 of the Rules and Regulations of the Department of Driver Services. This request should describe specifically the decision or action which the requestor desires and the basis upon which the requestor considers himself to be entitled to have such decision or action changed. If the person desires a hearing, a request therefore should be specifically made. The Department will respond to all requests for hearing with notice of the grant of the requested change, notice of refusal to make a requested change, or a notice scheduling a hearing. Any notice of refusal to make a requested change will state the reason for refusal. If a hearing is granted, it will be scheduled within a reasonable time after the request is received by the Department. The hearing shall be scheduled in such a manner as to allow for adequate investigation of the controversy.

SAMPLE



**GEORGIA DEPARTMENT OF DRIVER SERVICES
P. O. BOX 80447
CONYERS, GEORGIA 30013**

OFFICIAL NOTICE OF PERSONAL SERVICE

YOU ARE HEREBY NOTIFIED that as of _____
(date of suspension)

your driver's license and privilege to operate a motor vehicle in the State of Georgia has been
SUSPENDED / REVOKED/ CANCELLED as provided for by law for the reason(s) listed below:

Henceforth, it shall be unlawful for you to operate a motor vehicle in the State of Georgia. Under Georgia law, it is a misdemeanor for any person to fail or refuse to surrender to the Department of Driver Services, upon lawful demand, any driver's license or permit that has been **SUSPENDED / REVOKED / CANCELLED**.

YOU ARE HEREBY ORDERED to surrender any driver's license or permit in your possession, and particularly the below numbered license(s), to the Department of Driver Services, or show cause why you cannot. If the license has been lost or stolen, a notarized affidavit (DS-250A) is required.

Name _____			Date of Birth _____
Address _____			Sex _____
City _____	State _____	Zip _____	License Number _____

I HAVE PERSONALLY RECEIVED SERVICE OF SUSPENSION / REVOCATION/ CANCELLATION OF MY DRIVER'S LICENSE.

Date _____	Signature of Licensee _____
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License picked up? Yes No If no, why not _____

Serving Officer's Signature _____	Print Name and Badge Number _____
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Agency Serving Order _____	Telephone Number _____
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Agency's Mailing Address _____	City _____	State _____	Zip _____
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**HEARING INFORMATION ON REVERSE SIDE
DS-1150 (04/06)**

INSTRUCTIONS FOR COMPLETING FRONT OF THIS FORM

1. **Print or type all information.**
2. **Complete in Duplicate**
 - a. **Original to the Department of Driver Services**
 - b. **Copy to Licensee**
3. **Attach to this Order the following:**
 - a. **Driver's License or**
 - b. **Lost License Affidavit (DS-250A)**
 - c. **MAIL FORM AND LICENSE TO GEORGIA DEPARTMENT OF DRIVER SERVICES, P. O. BOX 80447, CONYERS, GEORGIA 30013.**
4. **Verify address used on reverse side.**
5. **Fill in all blanks with the requested information.**
6. **Circle the appropriate term for Revocation, Suspension or Cancelled.**
7. **If this form is duplicated, information concerning hearing must be on the back of all forms or service will be invalid.**
8. **THIS FORM MUST NOT BE USED FOR PERSONAL SERVICE ON HABITUAL VIOLATORS. USE DS-1030.**

HEARING

Any person adversely affected by any decision or action of the Department and who is entitled to have that decision or action reviewed may file a request for a hearing with the Department within ten (10) days of the receipt of this order, in accordance with the provisions of Rule 570-1-.03 of the Rule and Regulations of the Department of Driver Services. This request should describe specifically the decision or action to which it relates, state the change in decision or action the requester desires and the basis upon which the requester considers himself to be entitled to have such decision or action changed. If the person desires a hearing, a request therefore should be specifically made.

The Department will respond to all requests for hearings with notice of the grant of the requested change, notice of refusal to make a requested change, or notice scheduling a hearing. Any notice of refusal to make a requested change will state the reason for refusal. If a hearing is granted it will be scheduled within a reasonable time after the request therefore is received by the Department.

The hearing shall be scheduled in such a manner as to allow for adequate investigation of the controversy.

REQUEST FOR HEARING IS TO BE MAILED TO:

**GEORGIA DEPARTMENT OF DRIVER SERVICES
P. O. BOX 80447
CONYERS, GEORGIA 30013**

GEORGIA DEPARTMENT OF DRIVER SERVICES

P.O. BOX 80447 / CONYERS, GEORGIA 30013

ATTACH
DRIVERS LICENSE
HERE

SWORN REPORT OF THE ARRESTING OFFICER: ADMINISTRATIVE LICENSE SUSPENSION AND IMPLIED CONSENT

TYPE OR PRINT CLEARLY (IN INK) ALL REQUESTED INFORMATION

INCIDENT DATA

INCIDENT DATE: MM/DD/YR	INCIDENT TIME: AM PM	COUNTY OF OCCURRENCE:	ROAD OF OCCURRENCE:	DIRECTION & DISTANCE FROM & NAME OF NEAREST TOWN:
DUI CITATION NUMBER ONLY:	COMMERCIAL VEHICLE: YES _____ NO _____	HAZARDOUS MATERIALS PRESENT: YES _____ NO _____		

DRIVER DATA

NAME: LAST	FIRST	MIDDLE	DATE OF BIRTH: MM/DD/YR			
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE):						
DRIVERS LICENSE NUMBER:	STATE OF ISSUE:	LICENSE CLASS:	LICENSE RESTRICTIONS:	HEIGHT:	WEIGHT:	SEX: __ MALE __ FEMALE

SWORN REPORT, ARRESTING OFFICER DATA, AND TEST DATA

ARRESTING OFFICER'S NAME: LAST	FIRST	MIDDLE	A/O TELEPHONE NO:	ARRESTING OFFICER'S PRECINCT, ZONE, OR POST ASSIGNMENT:
NAME OF LAW ENFORCEMENT AGENCY REPRESENTED BY ARRESTING OFFICER:				BADGE #:
LAW ENFORCEMENT AGENCY MAILING ADDRESS (STREET, CITY, AND ZIP CODE):				AGENCY'S ORI NUMBER:
TEST RESULTS: GRAMS	INSTRUMENT SERIAL NUMBER:	OPERATOR'S NAME:	OPERATOR PERMIT NO:	

This arresting officer swears or affirms that at the date and time noted above, the arresting officer, having reasonable grounds to believe that the driver had been driving or in actual physical control of a moving motor vehicle while under the influence of alcohol or a controlled substance, lawfully arrested the driver for violating O.C.G.A. 40-6-391; or that the driver was involved in a motor vehicle accident or collision that resulted in serious injury or fatality.

MARK ONE ONLY: The driver was requested to submit to state administered chemical testing as required by law and:

- _____ The driver refused to submit to the designated state administered chemical testing; or
_____ Chemical test results indicated an alcohol concentration of 0.08 grams or more; or
_____ The driver was under the age of 21 and the chemical tests results indicated an alcohol concentration of 0.02 grams or more; or
_____ The driver was operating a moving commercial motor vehicle and the chemical tests results indicated an alcohol concentration of 0.04 grams or more.

The arresting officer's signature constitutes certification that the arresting officer delivered a copy of this form to the driver.

Sworn and Subscribed to me this _____ day of _____, 20 ____.

Arresting Officer's Signature _____

Report Date _____

NOTE: PERSONALLY GIVE YELLOW COPY TO LICENSEE

Notary Public _____

OFFICIAL NOTICE OF INTENT TO SUSPEND

You are hereby served Official Notice of the Suspension of your drivers license and/or your privilege to operate a motor vehicle for a period to be determined by the Department of Driver Services. If you refuse chemical testing, your license will be suspended for one year. Your suspension will begin at midnight on the 30th day following the date of arrest for the reason checked above. Hearing procedures are on the reverse side of the Driver's copy.

TEMPORARY DRIVING PERMIT

This is a valid temporary driving permit for a period of (30) days from the incident date above if signed by the arresting officer. **This is not a temporary driving permit if the driver's license or privilege is suspended, cancelled or revoked or driver is unlicensed.**

NOTE TO OFFICER: The reason for non-issuance of this permit must be stated on this form and the driver must receive a copy of this "Notice" to meet the requirements as stated in O.C.G.A. 40-5-67.1. **TEMPORARY LICENSE MUST BE SIGNED IF DRIVER WAS VALID AT THE TIME OF ARREST.**

___ Yes ___ No License surrendered? If No, state the reason.

___ Yes ___ No Is the surrendered license attached on the upper left corner of the DDS copy of this report?

___ Yes ___ No Is the surrendered license a *Habitual Violator Probationary* license?

Signature of Driver: _____

Signature of Arresting Officer: _____

SIGN TO VALIDATE TEMPORARY DRIVING PERMIT

Department of Driver Services Copy

Forms B-5

ARRESTING OFFICER'S HEARING GUIDELINES

Attendance

You will be notified by mail as to the hearing date, time and location by the Office of State Administrative Hearings. Your appearance at the Hearing is essential to the finding of the facts pertinent to this incident. **It should be noted that your failure to appear may require the Adm. Law Judge to rule for the defendant and withdraw the DUI or implied Consent suspension. Any request to reschedule must be made in accordance with the rescheduling procedures of the Office of State Administrative Hearings. A copy of these procedures may be obtained by calling 404-657-2800.**

Scope of the Hearing

1. If the Arresting Officer has reasonable grounds to believe that the person was driving or in actual physical control of a moving motor vehicle while under the influence of alcohol or a controlled substance and was lawfully placed under arrest for violating code Section 40-6-391; or,
2. The person was involved in a motor vehicle accident or collision resulting in serious injury or fatality; and
3. Whether at the time of the request for the test or tests the officer informed the person of the person's implied consent rights and the consequence of submitting or refusing to submit to such test; and
4. Whether the person refused the test or
5. Whether a test or tests were administered and the results indicated an alcohol concentration (A.C.) of 0.08 grams or more or, for a person under the age of 21, an A.C. of 0.02 grams or more; for a person operating or having actual physical control of a moving commercial motor vehicle, an A.C. of 0.04 grams or more; and
6. Whether the test or tests were properly administered by an individual possessing a valid permit issued by the Division of Forensic Sciences of the Georgia Bureau of Investigation on an instrument approved by the Division of Forensic Sciences or a test conducted by the Division of Forensic Sciences. A copy of the Crime Lab report shall satisfy this requirement.

Subpoenaed Documents

It should be understood by the arresting officer that the following documents are hereby subpoenaed by the State and must be provided by the arresting officer to the Adm. Law Judge at the time of the scheduled hearing:

1. A copy of the operator's permit showing that the operator has been trained on the particular type of instrument used if the arresting officer was the operator. A certified copy of the operator's permit is required if the arresting officer was not the operator.
2. One of the original copies of the test results; or
3. If the test is performed by the Division of Forensic Sciences, a copy of the Crime Lab Report.

SPECIAL NOTE: *You must provide these documents to the Adm. Law Judge.*

Arresting Officer's Copy

Hearing Procedures

A request for a Hearing must be in writing and postmarked within ten (10) business days of the date of arrest. If a hearing is not requested within ten (10) business days, your right to a hearing is waived. Your driver's license or privilege will be then suspended as indicated on the *OFFICIAL NOTICE TO SUSPEND*. The hearing will be held in accordance with the "Georgia Administrative Procedures Act" and the Department of Driver Services Rule 570-1-.05.

Your request must contain all of the following information: (1) your full name, (2) your current address, (3) your driver's license number, (4) your date of birth, and (5) a telephone number where you can be reached between the hours of 8:00 am and 4:30 pm (Monday through Friday.)

Issues Before the Administrative Law Judge

1. If the Arresting Officer has reasonable grounds to believe that the person was driving or in actual physical control of a moving motor vehicle while under the influence of alcohol or a controlled substance and was lawfully placed under arrest for violating code Section 40-6-391; or,
2. The person was involved in a motor vehicle accident or collision resulting in serious injury or fatality; and
3. Whether at the time of the request for the test or tests the officer informed the person of the person's implied consent rights and the consequence of submitting or refusing to submit to such test; and
4. Whether the person refused the test; or
5. Whether a test or tests were administered and the results indicated an alcohol concentration (A.C.) of 0.08 grams or more or, for a person under the age of 21, an A.C. of 0.02 grams or more; for a person operating or having actual physical control of a moving commercial motor vehicle, an A.C. of 0.04 grams or more; and
6. Whether the test or tests were properly administered by an individual possessing a valid permit issued by the Division of Forensic Sciences of the Georgia Bureau of Investigation on an instrument approved by the Division of Forensic Sciences or a test conducted by the Division of Forensic Sciences.

The Licensee also must include the following information in his or her request for a Hearing:

1. The name and address of all interested parties who may testify;
2. A clear and concise statement of the facts upon which the contested case arises;
3. A statement setting forth the relief sought;
4. If represented by counsel, please provide counsel's name, address, and phone number.

All correspondence must be sent to the address noted in the letterhead.

Driver's Copy

GEORGIA DEPARTMENT OF DRIVER SERVICES

P.O. BOX 80447 / CONYERS, GEORGIA 30013

SWORN REPORT OF THE ARRESTING OFFICER: ADMINISTRATIVE LICENSE SUSPENSION AND IMPLIED CONSENT
SUPPLEMENTAL REPORT FOR USE WHERE STATE ADMINISTERED CHEMICAL TEST OR TESTS RESULTS WERE PENDING.

TYPE OR PRINT CLEARLY (IN INK) ALL REQUESTED INFORMATION

INCIDENT DATA

INCIDENT DATE: MM/DD/YR	INCIDENT TIME: AM PM	COUNTY OF OCCURRENCE:	ROAD OF OCCURRENCE:	DIRECTION & DISTANCE FROM & NAME OF NEAREST TOWN:
DUI CITATION NUMBER ONLY:	COMMERCIAL VEHICLE: YES _____ NO _____	HAZARDOUS MATERIALS PRESENT: YES _____ NO _____		

DRIVER DATA

NAME: LAST	FIRST	MIDDLE	DATE OF BIRTH: MM/DD/YR			
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE):						
DRIVERS LICENSE NUMBER:	STATE OF ISSUE:	LICENSE CLASS:	LICENSE RESTRICTIONS:	HEIGHT:	WEIGHT:	SEX: __MALE __FEMALE

SWORN REPORT, ARRESTING OFFICER DATA, AND TEST DATA

ARRESTING OFFICER'S NAME:	A/O TELEPHONE NO.:	ARRESTING OFFICER'S PRECINCT, ZONE, OR POST ASSIGNMENT:
	A/O BADGE NO.:	TROOPER'S POST ASSIGNMENT:
NAME OF LAW ENFORCEMENT AGENCY REPRESENTED BY ARRESTING OFFICER:		AGENCY'S ORI NUMBER:
LAW ENFORCEMENT AGENCY MAILING ADDRESS (STREET, CITY, AND ZIP CODE):		
TEST RESULTS: GRAMS		

This arresting officer swears or affirms that at the date and time noted above, the arresting officer, having reasonable grounds to believe that the driver had been driving or in actual physical control of a moving motor vehicle while under the influence of alcohol or a controlled substance, lawfully arrested the driver for violating O.C.G.A. 40-6-391; or, that the driver was involved in a motor vehicle accident or collision that resulted in serious injury or fatality.

The arresting officer further swears or affirms that the driver was requested to submit to state administered chemical testing as required by law, and;

- _____ Chemical test results indicated an alcohol concentration of 0.08 grams or more; or
- _____ The driver was under the age of 21 and the chemical tests results indicated an alcohol concentration of 0.02 grams or more; or
- _____ The driver was operating a moving commercial motor vehicle and the chemical tests results indicated an alcohol concentration of 0.04 grams or more.

Arresting Officer's Signature: _____

Report Date: _____

Sworn and Subscribed to me this _____ day of _____, 20 ____.

Notary Public

My Commission expires: _____

SEAL

ARRESTING OFFICER'S HEARING GUIDELINES

Attendance

You will be notified by mail as to the hearing date, time and location by the Office of State Administrative Hearings. Your appearance at the Hearing is essential to the finding of the facts pertinent to this incident. It should be noted that your failure to appear may require the Administrative Law Judge to rule for the defendant and withdraw the Administrative License Suspension. Any request to reschedule must be in accordance with the rescheduling procedures of the Office of State Administrative Hearings. A copy of these procedures may be obtained by calling (404) 657-2800.

Scope of the Hearing

O.C.G.A. § 40-5-67.1 (g) (2)

"The scope of the hearing shall be limited to the following issues:

- (A) Whether the law enforcement officer had reasonable grounds to believe the person was driving or in actual physical control of a moving motor vehicle while under the influence of alcohol or a controlled substance and was lawfully placed under arrest for violation of Code Section 40-6-391; or
- (B) Whether the person was involved in a motor vehicle accident or collision resulting in serious injury or fatality; and
- (C) Whether at the time of the arrest the person was aware of the officer's request to submit to such test; and whether the person's implied consent rights were properly explained to the person and whether the person refused to submit to such test; and
- (D) Whether the person refused to submit to such test; and
- (E) Whether a test was properly administered and the results indicated an alcohol concentration of 0.08 grams or more for a person under the age of 21, an alcohol concentration of 0.02 grams or more or, for a person operating or having actual physical control of a commercial motor vehicle, an alcohol concentration of 0.04 grams or more; and
- (F) Whether the test was properly administered by an individual possessing a valid permit issued by the Division of Forensic Sciences of the Georgia Bureau of Investigation on an instrument approved by the Division of Forensic Sciences or a test conducted by the Division of Forensic Sciences, including whether the machine at the time of the test was operated with all its electronic and operating components prescribed by its manufacturer properly attached and in good working order, which shall be required. A copy of the operator's permit showing that the operator has been trained on the particular type of instrument used and one of the original copies of the test results or, where the test is performed by the Division of Forensic Sciences, a copy of the crime lab report shall satisfy the requirements of this subparagraph."

Subpoenaed Documents

It should be understood by the arresting officer that the following documents are hereby subpoenaed by the State and must be provided by the arresting officer to the Administrative Law Judge at the scheduled hearing:

1. If the arresting officer was the operator, a copy of the operator's permit showing that the operator has been trained on the particular type of instrument used; or
If the arresting officer was NOT the operator, a certified copy of the operator's permit;
and
2. One of the original copies of the tests results; or
3. A copy of the Crime Lab Report if the Division of Forensic Sciences performed the test.



DS - 1127 (02/02)

**TEMPORARY DRIVING PERMIT
(O.C.G.A § 40-5-67 AND 40-5-69)**

This permit, when affixed to the lower portion of a violator's DUI citation, shall serve as a temporary driver's permit until court disposition, or until the person's driving privilege is suspended or revoked, or for not more than 180 days from date of citation.



DS - 1127 (02/02)

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(O.C.G.A § 40-5-67 AND 40-5-69)**

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DS - 1127 (02/02)

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(O.C.G.A § 40-5-67 AND 40-5-69)**

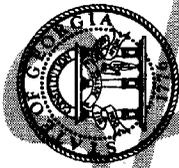
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DS - 1127 (02/02)

**TEMPORARY DRIVING PERMIT
(O.C.G.A § 40-5-67 AND 40-5-69)**

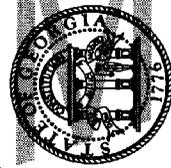
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