

DDS Mail-in Renewal Options

Thank you for your interest in renewing your Georgia driver's license, permit, or ID card. The Georgia Department of Driver Services 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 this option:

- Customers stationed out of state in the military, and their dependents stationed with them
- Customers attending school out of the State of Georgia, and their dependents who are with them
- Customers temporarily working out of state, and their dependents who are with them
- Customers who are physically incapacitated and unable to visit a DDS Customer Service Center

The following general requirements and conditions apply:

- You must be a U.S. Citizen.
- If you are changing your Georgia address as part of your renewal, you must include proof of the new address. 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) and have it notarized in Section E.
- Customers 60 years of age or older must provide verification that vision requirements are met if applying to renew a driver's license or permit (enclosed Vision Form must be completed).
- Only an 8-year renewal is allowed through this method.
- The customer must provide payment of \$32 for an 8-year renewal, payable by check, money order, or credit card.
- Processing can take up to ten business days from receipt of your 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.
- Only renewal of non-commercial licenses, permits, and ID's is available by mail. Renewal of Commercial Driver's Licenses (CDL's) must be done in person at a DDS location.

Effective July 1, 2012, the Department of Driver Services (DDS) began issuing secure driver's licenses and ID 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 – otherwise, you will receive a non-secure card. Only send the documents specified in this packet. For more information on Secure ID, visit our website and view the [Secure ID FAQ](#).

To complete renewal by mail, please mail all required documents (see reverse side 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 renewal fee of \$32. 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 chart on the back of this page lists the documents required for each type of renewal. Blank application form (DDS-23MIR), Vision Screening Results form if applicable (DDS-274A), and Credit Card Authorization (DDS-100) form are enclosed for completion.

Please direct any questions to our Customer Contact Center at (678) 413-8400.

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 for any reason.

<input type="checkbox"/> Military <ol style="list-style-type: none">1. DDS-23MIR form completed and notarized2. Vision Screening Results Form (DDS-274A) completed (if applicable)3. Payment of \$32 (check, money order, or credit card authorization) **4. Signed letter from Commanding Officer on military unit 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	<input type="checkbox"/> Students <ol style="list-style-type: none">1. DDS-23MIR form completed and notarized2. Vision Screening Results Form (DDS-274A) completed (if applicable)3. Payment of \$32 (check, money order, or credit card authorization) **4. Signed letter from an official 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
<input type="checkbox"/> Temporarily Employed Out of State <ol style="list-style-type: none">1. DDS-23MIR form completed and notarized2. Vision Screening Results Form (DDS-274A) completed (if applicable)3. Payment of \$32 (check, money order, or credit card authorization) **4. Signed letter from the customer's employer on employer letterhead verifying that the customer (referenced by name) is temporarily employed outside the State of Georgia, or that the customer (referenced by name) is the spouse or dependent of an employee (referenced by name) temporarily employed outside the State of Georgia	<input type="checkbox"/> Physically Unable to Visit CSC in Person <ol style="list-style-type: none">1. DDS-23MIR form completed and notarized2. Vision Screening Results Form (DDS-274A) completed (if applicable)3. Payment of \$32 (check, money order, or credit card authorization) **4. Signed verification from a licensed physician that the customer is incapacitated and unable to visit a DDS Customer Service Center in person to renew

Please mail all required documents to the following address along with your payment of \$32 (no fee if customer holds a current Veteran license).

** Requests for a duplicate Driver's License/Identification Card cost \$5.00 and 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. II III IV

MAILING ADDRESS (STREET ADDRESS OR PO BOX, APT #, CITY, STATE, ZIP CODE):
RESIDENTIAL ADDRESS - If different from above (STREET ADDRESS, APT #, CITY, STATE, ZIP CODE):

PHONE #: Alt. Phone #: EMAIL:
BIRTH DATE: mm/dd/yyyy GENDER: M F HEIGHT: Feet Inches WEIGHT: EYE COLOR:

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 What can we help you with today? License/Permit Identification Card Reinstatement
2 Have you ever had an out-of-state or foreign Driver's License, Identification Card or Permit? Yes No
3 Did you bring your GA or Out-of-State Driver's License, Identification Card or Permit with you today? Yes No
4 Is your Driver's License, Instructional Permit or privilege to drive revoked, suspended, canceled or denied? Yes No
5 Do you wear prescription glasses or contact lenses for driving? Yes No
6 Have you ever suffered with: Seizures, Fainting or Other Loss of Consciousness? Yes No
7 Were you born on the same date (month/day/year) as any of your brother(s) and/or sister(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 Are you a male U.S citizen or immigrant, under age 26? 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

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 E: 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 NOTARY.

Customer's Signature **X** _____

Date ____/____/____
mm dd yyyy

Notary's Signature _____

Date ____/____/____
mm dd yyyy

NOTARY
SEAL

SECTION F: 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.

VERIFIABLE DOCUMENTATION FROM AN AUTHORIZED OFFICIAL AND STATE ISSUED IDENTIFICATION MAY BE REQUIRED FOR THE RESPONSIBLE ADULT.



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 # _____



GEORGIA DEPARTMENT OF DRIVER SERVICES
APPLICATION FOR NON-COMMERCIAL LICENSE
VISION SCREENING RESULTS

INSTRUCTIONS

IMPORTANT:

- 1. Section A must be completed by the applicant.
2. Sections B and C must be completed by an optometrist or ophthalmologist currently licensed to practice in the United States.
3. The applicant must sign the form in Section C in the presence of the optometrist or ophthalmologist.

SECTION A - CUSTOMER INFORMATION - TO BE COMPLETED BY APPLICANT

Driver's License Number: Date of Birth:
Applicant's Full Legal Name:
Applicant's Physical Address:

SECTION B - VISUAL EXAMINATION RESULTS

1. Visual Acuity Right Eye - 20/ Left Eye - 20/

2. Horizontal Field of Vision

Right Degrees Left Degrees Total Degrees

3. Were corrective lenses used for these results? Yes No

Check here if correction is achieved with other than conventional lenses (bioptics). If box is checked, a detailed report must be attached.

IMPORTANT: For proper identification, please have the person whom you have examined sign the report in your presence.

SIGN HERE:

Date of Examination:

Comments:

SECTION C – OPTOMETRIST/ OPHTHALMOLOGIST CERTIFICATION

I, _____, being licensed to practice in the state of _____, hereby certify that I have personally examined the vision of the above-named individual, and that 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 _____

Physician Name: Last: _____ First: _____ M.I. _____

Specialty: _____

License Number/State _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ - _____ - _____

Signature of Optometrist/Ophthalmologist

Date



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: _____

LICENSEE/DRIVER INFORMATION

Name as it appears on Driver's License/ID: _____

Licensee's Drivers License / ID number: _____

Birth date: _____/_____/_____ (mm/dd/yyyy)

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.

<p>Utility bill issued within the last sixty (60) days; <i>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.</i></p>
<p>Bank statement issued within the last sixty (60) days; <i>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.</i></p>
<p>Currently valid rental contracts and/or receipts for payments made within the last sixty (60) days for rent payments; <i>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.</i></p>
<p>Employer verification, including, but not limited to, one of the following: <i>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.</i></p>
<p>Non-expired Georgia driver's license, permit or identification card issued to the applicant's parent, guardian, spouse, or child; <i>For <u>minors and dependents</u>, unexpired GA driver's license, permit or ID card issued to parent, guardian or spouse residing in same household. For <u>dependent parents</u>, unexpired GA driver's license, permit or ID card issued to a relative residing in the same household.</i></p>
<p>Health insurance statement or explanation of benefits for claim; <i>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.</i></p>
<p>State of Georgia or Federal income tax return for current or preceding calendar year; <i>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.</i></p>
<p>Annual social security statement for current or preceding calendar year; <i>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.</i></p>
<p>Medicare or Medicaid statement; <i>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.</i></p>
<p>School record or transcript for current or preceding calendar year; <i>This includes documentation from all instructional institutions public and private. Common examples include the DS1, School transcripts, student loans or report cards.</i></p>
<p>Homeowners insurance policy or bill for current or preceding calendar year; <i>This includes statements or invoices from insurance or mortgage companies. Common examples include Homeowners insurance bill, statement of claim, binder or cancellation notice.</i></p>
<p>Mortgage, payment coupon, deed, or property tax bill for current or preceding calendar year. <i>This includes documentation for household or other real property. Common examples include household mortgage, settlement or escrow statements, property tax bills, or vehicle registration.</i></p>
<p>Additional Approved Documents <i>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</i></p>