



APPLICATION FOR GEORGIA
OVERSIZE/OVERWEIGHT LOAD ESCORT
VEHICLE OPERATOR CERTIFICATION PROGRAM

NAME: _____

ADDRESS: _____

DRIVER'S LICENSE NO.: _____ STATE: _____

PLEASE ENCLOSE THE FOLLOWING INFORMATION:

- COPY OF THE APPLICANT'S CERTIFIED DRIVING RECORD
- COPY OF DOCUMENTATION OF COMPLETION OF A DEFENSIVE DRIVING COURSE APPROVED BY THE NATIONAL SAFETY COUNCIL, OR AN EQUIVALENT COURSE.
- SPONSORSHIP FROM AN EMPLOYER, IF UNDER 21 YEARS OF AGE BUT AT LEAST 18 YEARS OF AGE, WITHOUT A CLASS A COMMERCIAL DRIVER'S LICENSE.

THIS APPLICATION ALONG WITH THE ABOVE LISTED INFORMATION SHOULD BE RETURNED TO:

GEORGIA DEPARTMENT OF TRANSPORTATION
OVERSIZE PERMIT UNIT
ATTN: CERTIFIED ESCORT VEHICLE PROGRAM
P.O. Box 17937
ATLANTA, GEORGIA 30316

Telephone: 1-888-262-8306

Fax: 404-635-8516

Website: <http://www.dot.state.ga.us/doingbusiness/permits/oversize/Pages/default.aspx>