



Colonel Christopher Wright
Commissioner

Department of Public Safety

Motor Carrier Compliance Division
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Major Johnny Jones
MCCD Commander

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

NAME: _____

ADDRESS: _____

PHONE: _____

DRIVER'S LICENSE NO: _____ STATE: _____

EMAIL: _____

In addition to your application, the following is required to process your application:

_____ Copy of a current certified driving record. If you have questions on how to obtain a copy, please contact the Division of Driver Services located in Georgia at 678-413-8400.

_____ Advise the date your escort re-certification course was taken.

_____ Other: _____

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

Mail to: Georgia Department of Public Safety
Oversize/Overweight Permit Unit
ATTN: CERTIFIED ESCORT VEHICLE PROGRAM
P.O. BOX 1456
Atlanta, Georgia 30371

Telephone: 404-624-7257

Fax: 404-635-8516

Website: <http://gamccd.net> Oversize permits /Certified Escort Vehicle Operators Program