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Major Johnny Jones
MCCD Commander

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

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____
PHONE: _____
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 1456
ATLANTA, GEORGIA 30371

Telephone: 404-624-7257 Fax: 404-635-8516

Website: <http://gamccd.net/ospermits/ospmain.aspx>