



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 17937  
ATLANTA, GEORGIA 30316

Telephone: 404-635-8176 Fax: 404-635-8516

Website: <http://www.dot.ga.gov/PS/Permits/OversizePermits>