

OSAH FORM 1

This form is available online at <http://www.osah.ga.gov> or by telephone request at (404) 657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY CODE DPS	CASE TYPE OWOS	DOCKET NUMBER	COUNTY CODE	JUDGE
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USE FOR OVERWEIGHT-OVERSIZE HEARINGS ONLY THAT ARISE UNDER O.C.G.A §§ 32-6-20 through 30

County in which the Motor Carrier Compliance Regional Unit is located or in which OWOS cases for a region are routinely heard: _____

TRUCK DRIVER

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE AS SHOWN ON HEARING REQUEST:	CITATION NUMBER:	EMAIL:

TRUCKING COMPANY

NAME OF COMPANY:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE AS SHOWN ON HEARING REQUEST:	NAME OF COMPANY OFFICIAL:	EMAIL:

TRUCK DRIVER'S OR TRUCKING COMPANY'S ATTORNEY

HEARING REQUEST FILED BY : TRUCK DRIVER TRUCKING COMPANY ATTORNEY FOR EITHER

ONLY INDICATE AN ATTORNEY IF THE ATTORNEY AND NOT THE TRUCK DRIVER OR TRUCKING COMPANY HAS REQUESTED THE HEARING. A CLIENT'S DESIGNATION OF AN ATTORNEY DOES NOT CONSTITUTE AN ENTRY OF APPEARANCE FOR THE ATTORNEY.

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS (including zip):	GEORGIA BAR #:	EMAIL:

DPS

NAME: DEPARTMENT OF PUBLIC SAFETY	TEL NO: 404) 624-7423	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE:	DESIGNATED COUNSEL'S GEORGIA BAR #:	EMAIL:
DESIGNATED COUNSEL:	TEL NO:	FAX NO:

INDICATE DOCUMENTS ATTACHED:

- Citation
- Hearing request by Driver, Company or
- By Attorney
- Copy of scale certification
- Other, please specify: _____