OSAH FORM 1

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

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| **OSAH USE ONLY:** | AGENCYDDS | CASE TYPE | DOCKET NUMBER | COUNTY | JUDGE |

Use For **MISCELLANEOUS DDS CASE REFERRALS**

SELECT ONLY ONE TYPE OF CASE

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| **SELECT ONE CASE TYPE** | | |
| LICENSE ISSUES | PERMIT HOLDER/APPLICANT APPEALS | DRIVER TRAINING AND IMPROVEMENT APPEALS |
| FTA Failure to Appear O.C.G.A. § 40-5-56  HVPL Habitual Violator Probationary License  O.C.G.A. § 40-5-58  LDP Limited Driving Permit  O.C.G.A. § 40-5-64  RCL Restricted Commercial License  SV School Violation O.C.G.A. § 40-5-22  MVSRA Motor Vehicle Safety Responsibility Act  O.C.G.A. § 40-9-3  MED Medical Revocation O.C.G.A. § 40-5-59  IIDLDP Ignition Interlock Device Permit  Revocation O.C.G.A. § 42-8-112 | CDLA Commercial Driver’s License  Application O.C.G.A. § 40-8-92)  CDLC Commercial Driver’s License  Cancellation O.C.G.A. §  LCI Limousine Chauffeur Permit Issues  O.C.G.A. § 46-7-85.13  DUIRISK DUI Risk Reduction | CDLST Commercial Driver’s License Skill  Testing (3rd Party)  O.C.G.A. § 40-5-147(a)(2)  DIBOND bonding Requirement for Risk  Reduction O.C.G.A. § 40-5-80(2)  LDTSI License for Driver Training School  Instructors O.C.G.A. § 43-13-7 |
| **OTHER APPEALS:** |
| OTHER |

# NON-AGENCY PARTY: For OSAH CLERK “Permit Holder/Applicant.” “School or Instructor,” or “Petitioner”

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| **NAME** | TEL #: | | FAX #: | |
| CURRENT ADDRESS INCLUDING ZIP CODE: | PERMIT, LICENSE OR OTHER AGENCY REFERENCE NUMBER | | EMAIL: | |
| **ATTORNEY FOR NON-AGENCY PARTY**  HEARING REQUEST FILED BY:  **□**NON-AGENCY PARTY **□**NON-AGENCY PARTY’S ATTORNEY | | | | |
| ONLY INDICATE AN ATTORNEY IF THE ATTORNEY AND NOT THE NON-AGENCY PARTY HAD REQUESTED THE HEARING. A CLIENT’S DESIGNATION OF AN ATTORNEY DOES NOT CONSTITUTE AN ENTRY OF APPEARANCE FOR THE ATTORNEY. | | | | |
| **NAME:** | | **TEL #:** | | **FAX #:** |
| **CURRENT ADDRESS INCLUDING ZIP CODE**: | | **GEORGIA BAR #:** | | **EMAIL:** |

**DDS OR DDS DESIGNATED AGENCY REPRESENTATIVE**

|  |  |  |
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| **NAME:** | **TEL #:** | **FAX #:** |
| **ADDRESS INCLUDING ZIP CODE**: | **DESIGNATED COUNSEL’S GEORGIA BAR #:** | **EMAIL**: |
| **DESIGNATED COUNSEL:** | **TEL #:** | **FAX #:** |

**DOCUMENTS ATTACHED**

□Correspondence requesting hearing

□Notification from DDS of adverse action

□Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_