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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_