

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:	AGENCY DDS	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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Use For MISCELLANEOUS DDS CASE REFERRALS
 SELECT ONLY ONE TYPE OF CASE

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

NON-AGENCY PARTY: For OSAH CLERK "Permit Holder/Applicant," "School or Instructor," or "Petitioner"

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

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 _____