**Evaluation**

Note:

### **You can print the worksheet to give basic english learners an idea of how the form is to be filled in. The answers are in bold blue.**

DDS Application Form

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| **Department of Driver Services** |
| **Section A: Form Information** |
| **Do you now have or have you ever had a Georgia Driver’s License, Identification Card or Permit?** **Yes X No** |
| LEGAL FIRST NAME: MIDDLE OR MAIDEN NAME: **MARY ANN** |
| LEGAL LAST NAME: SUFFIX: ☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ **MARTINEZ** |
| MAILING ADDRESS (STREET ADDRESS OR PO BOX, APT #, CITY, STATE, ZIP CODE):  **45 PIEDMONT DRIVE, ALPHARETTA, GA 30005** |
| RESIDENTIAL ADDRESS - If different from above (STREET ADDRESS, APT #, CITY, STATE, ZIP CODE): |
| PHONE #:  **456-823-9812**  Alt. Phone #:  EMAIL: **MARY.ANN@GMAIL.COM** |
| BIRTH DATE: **10/09/1997** mm dd yyyy GENDER: ☐ M **X** F |
| HEIGHT: **5** Feet **2** Inches WEIGHT: **130** LBS EYE COLOR: **BROWN** |
| **SECTION B: LEGAL STATUS** |
| By completing this form and signing the back, I swear that one of the following is true and accurate pursuant to O.C.G.A. §50-36-1.  ☐ I am a United States citizen, OR  ☐ I am a legal permanent resident, OR  ☐**X** I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States.  Alien Registration number **123456 OR**  I-94 number for non-citizens: |
| **SECTION C: ANSWER EACH QUESTION** |
| 1 What can we help you with today? **X** License/Permit Identification Card Reinstatement  2 Have you ever had an out-of-state or foreign Driver’s License, Identification Card or Permit? Yes **X** No  If Yes, please list (a)State or Country, (b)Name on Card, (c)Card Number and (d)Date:  1. (a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (d) \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ 2. (a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (d) \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ 3. (a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (d) \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  3 Did you bring your GA or Out-of-State Driver’s License, Identification Card or Permit with you today? Yes No  If No, why?: ☐ A Law Enforcement/Official has it; ☐ It is damaged, lost or stolen; ☐ **X** New Customer |
| 4 Is your Driver’s License, Instructional Permit or privilege to drive revoked, suspended, canceled or denied? Yes  **X**  No  If Yes, list most recent: State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Action: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  5 Do you wear prescription glasses or contact lenses for driving? Yes **X** No  6 Have you ever suffered with: Seizures, Fainting or Other Loss of Consciousness? Yes **X** No  If Yes, please list Date of Last Episode: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  7 Were you born on the same date (month/day/year) as any of your brother(s) and/or sister(s)? Yes **X** No  If Yes, please list their full name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  8 Would you like to have “Organ Donor” displayed on your license or ID? **X** Yes No  9 Would you like to donate $1 to the Georgia Drive for Sight Program for the prevention of blindness? Yes **X** No  10 Are you a male U.S citizen or immigrant, under age 26? Yes **X** No  If Yes, have you registered with the Selective Service System? Yes **X** No |