APPLICATION FOR GEORGIA
OVERSIZE/OVERWEIGHT LOAD ESCORT
VEHICLE OPERATOR CERTIFICATION PROGRAM

NAME: ____________________________________________

ADDRESS: ____________________________________________

___________________________________________________________________________

DRIVER’S LICENSE NO.:________________________ STATE:______________________

PLEASE ENCLOSE THE FOLLOWING INFORMATION:

• COPY OF THE APPLICANT’S CERTIFIED DRIVING RECORD
• COPY OF DOCUMENTATION OF COMPLETION OF A DEFENSIVE
  DRIVING COURSE APPROVED BY THE NATIONAL SAFETY COUNCIL, OR
  AN EQUIVALENT COURSE.
• SPONSORSHIP FROM AN EMPLOYER, IF UNDER 21 YEARS OF AGE BUT AT LEAST 18
  YEARS OF AGE, WITHOUT A CLASS A COMMERCIAL DRIVER’S LICENSE.

THIS APPLICATION ALONG WITH THE ABOVE LISTED INFORMATION SHOULD BE RETURNED TO:

GEORGIA DEPARTMENT OF TRANSPORTATION
OVERSIZE PERMIT UNIT
ATTN: CERTIFIED ESCORT VEHICLE PROGRAM
P.O. Box 17937
ATLANTA, GEORGIA 30316

Telephone: 1-888-262-8306   Fax: 404-635-8516

Website: http://www.dot.state.ga.us/doingbusiness/permits/oversize/Pages/default.aspx