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MCCD Executive Officer

APPLICATION FOR GEORGIA OVERSIZE/OVERWEIGHT LOAD ESCORT VEHICLE OPERATOR

RECERTIFICATION PROGRAM

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

DRIVER'S LICENSE NO: _____ STATE: _____

DATE OF BIRTH: _____

EMAIL: _____

PLEASE ENCLOSE THE FOLLOWING INFORMATION

- COPY OF APPLICATION FOR GEORGIA OVERSIZE/OVERWEIGHT LOAD ESCORT VEHICLE OPERATOR RECERTIFICATION PROGRAM.
- COPY OF THE APPLICANT'S CERTIFIED DRIVING RECORD FOR THE PREVIOUS 3 YEARS

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

ALITTLE@GSP.NET

GEORGIA DEPARTMENT OF PUBLIC SAFETY/ OVERSIZE PERMIT UNIT (404) 624-7254)

Website: <http://www.gamccd.net/IOSPermit/OSPMMain.aspx>