

ATTACH
DRIVER LICENSE
HERE

GEORGIA DEPARTMENT OF DRIVER SERVICES
ALS UNIT/ P.O. BOX 80447 / CONYERS, GEORGIA 30013

REPORT OF THE ARRESTING OFFICER: ADMINISTRATIVE LICENSE SUSPENSION AND IMPLIED CONSENT

TYPE OR PRINT CLEARLY (IN INK) ALL REQUESTED INFORMATION

INCIDENT DATA

INCIDENT DATE: MM/DD/YR	INCIDENT TIME: AM PM	COUNTY OF OCCURRENCE:	DUI CITATION NUMBER	COMMERCIAL VEHICLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	HAZARDOUS MATERIALS PRESENT: <input type="checkbox"/> YES <input type="checkbox"/> NO
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DRIVER DATA

NAME: LAST	FIRST	MIDDLE	DATE OF BIRTH: MM/DD/YR			
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE):						
DRIVERS LICENSE NUMBER:	STATE OF ISSUE:	LICENSE CLASS:	LICENSE RESTRICTIONS:	HEIGHT:	WEIGHT:	SEX: MALE _____ FEMALE _____

ARRESTING OFFICER DATA AND TEST DATA

ARRESTING OFFICER'S NAME: LAST	FIRST	MIDDLE	A/O TELEPHONE NO:	A/O'S PRECINCT, ZONE, OR POST ASSIGNMENT:
NAME OF LAW ENFORCEMENT AGENCY REPRESENTED BY ARRESTING OFFICER:				BADGE NUMBER:
LAW ENFORCEMENT AGENCY MAILING ADDRESS (STREET, CITY, AND ZIP CODE):				AGENCY'S ORI #:
TEST RESULTS: GRAMS	INSTRUMENT SERIAL NUMBER:	OPERATOR NAME:	OPERATOR PERMIT NO:	

This arresting officer states that at the date and time noted above, having reasonable grounds to believe that the driver had been driving or in actual physical control of a moving vehicle while under the influence of alcohol or a controlled substance, I lawfully arrested the driver for violating O.C.G.A. 40-6-391; or the driver was involved in a motor vehicle accident or collision that resulted in serious injury or fatality; and after I informed the driver of his/her implied consent rights and the consequence of submitting or refusing to submit to such test the driver was asked to submit to state administered chemical testing as required by law and:

(MARK ONE ONLY)

- _____ The driver refused to submit to the designated state administered chemical testing; or
- _____ Chemical test results indicated an alcohol concentration of 0.08 grams or more; or
- _____ The driver was under the age of 21 and the chemical tests results indicated an alcohol concentration of 0.02 grams or more; or
- _____ The driver was operating a moving commercial motor vehicle and the chemical tests results indicated an alcohol concentration of .04 grams or more.

Arresting Officer's Signature

Report Date

SERVICE OF REPORT AND NOTICE OF LICENSE SUSPENSION

You are hereby personally served with notice that your driver's license and/ or your privilege to operate a motor vehicle in the State of Georgia will be suspended for a period to be determined by the Department of Driver Services due to your blood alcohol test results or refusal to submit to testing. If you refused chemical testing, the period of suspension is one (1) year. The suspension of your driver's license/driving privilege will begin on the 46th day following the serve date listed above. If you wish to appeal the suspension of your driver's license/driving privilege, **INSTRUCTIONS ARE ON THE BACK OF THE DRIVER'S COPY OF THIS FORM.**

Signature of Arresting Officer: _____ Serve Date: _____

Signature of Driver: _____ Serve Date: _____

TEMPORARY DRIVING PERMIT

Georgia law requires the Arresting Officer to seize your driver's license if you have been arrested for allegedly driving under the influence in violation of O.C.G.A. 40-6-391. The Driver's copy of this form will serve as a valid temporary driving permit for a period of forty-five (45) days from the serve date above if signed below. **A temporary driving permit will not be issued to you if your driver's license or privilege is suspended, cancelled or revoked or driver is unlicensed.**

NOTE TO OFFICER: The reason for non-issuance of this permit must be stated on this form and the driver must receive a copy of this "Notice" to meet the requirements as stated in O.C.G.A. 40-5-67.1. THIS TEMPORARY DRIVING PERMIT MUST BE ISSUED IF THE DRIVER'S LICENSE WAS VALID AT THE TIME OF ARREST.

- Yes No Is the driver eligible for a temporary driving permit? If No, state the reason _____
- Yes No License surrendered? If No, state the reason _____
- Yes No Is the surrendered license attached in the upper left corner of the DDS copy of this report?
- Yes No Is the surrendered license a *Habitual Violator Probationary* license?

SIGN TO VALIDATE TEMPORARY DRIVING PERMIT  Signature of Officer: _____

Your signature or indication of your refusal to sign the "Service of Report and Notice of License Suspension" portion of the front of this form serves as notice of a proposed suspension of your driver's license or driving privilege in the state of Georgia. Regarding your driver's license, you have the following options:

1. You may appeal the proposed suspension of your driver's license or driving privileges; OR
2. Request an ignition interlock device limited permit (this option is only for drivers 21 years of age or older); OR
3. Do nothing.

If you do nothing, your driver's license or privilege to drive will go into suspension on the forty-sixth (46th) day after your serve date (located on the front of this form). If you choose to appeal the proposed suspension, please see **Appeal Procedures** below. If you choose to obtain an ignition interlock limited driving permit, please see **Ignition Interlock Device Limited Driving Permit** below.

APPEAL PROCEDURES

If you choose to request an Ignition Interlock Device Limited Permit (IIDLP), you are not eligible to appeal. You may appeal the proposed suspension of your driver's license or driving privilege pursuant to O.C.G.A. §40-5-67.1. Your appeal must be submitted in writing to: Dept of Driver Services, Records Mgmt, P.O. Box 80447, Conyers, GA, 30013. The appeal must be postmarked within thirty (30) calendar days of the serve date. **YOU MUST ALSO PAY A FILING FEE OF \$150.00.** This payment can be made by check or money order. If your appeal and filing fee are not submitted within thirty (30) calendar days, your right to appeal the proposed suspension of your driver's license or driving privilege is waived, and your driver's license or driving privilege will be suspended on the forty-sixth (46) day after serve date. All appeals are held in accordance with the "Georgia Administrative Procedures Act" and Ga. Admin. Comp. Ch. 375-3-3-.04 and heard by Administrative Law Judges of the Office of State Administrative Hearings.

Your appeal must contain: your name as reflected on your driver's license or identification card; current address; driver's license number; date of birth; telephone number; and if you are represented by an attorney, please provide your attorney's name, address, and telephone number.

An appeal of a proposed suspension of a driver's license or driving privilege addresses the following issues:

- (1) Whether the arresting officer had reasonable grounds to believe that you were driving or in actual physical control of a moving motor vehicle while under the influence of alcohol and were lawfully placed under arrest for violating Code Section 40-6-391; and
- (2) Whether at the time of the request for the test or tests the officer informed you of your implied consent rights and the consequence of submitting or refusing to submit to such test; and
- (3) Whether you refused the test, **or** if a test or tests were administered and the results indicated an alcohol concentration met or exceeded the applicable "per se" limits of 0.08 grams or more for drivers age 21 and older, 0.02 for drivers under age 21, or 0.04 for operators of commercial motor vehicles; and
- (4) Whether the test or tests were properly administered by an individual possessing a valid permit issued by the Division of Forensic Sciences of the Georgia Bureau of Investigation on an instrument approved by the Division of Forensic Sciences or a test conducted by the Division of Forensic Sciences.

IGNITION INTERLOCK DEVICE LIMITED DRIVING PERMIT

If you have not been previously convicted of a DUI within the past five (5) years (as measured from the dates of previous arrests for which convictions were obtained to the date of this arrest), you **may** be eligible for an ignition interlock device limited driving permit. If you do not request an appeal your license will be suspended. An ignition interlock device limited permit is a driving permit that allows you to **only** drive a vehicle with a functioning ignition interlock device installed while your license is suspended. If you meet the following requirements, you may be eligible for an IIDLP:

1. You have not been previously convicted of a DUI within the past five years; AND
2. You are 21 years of age or over; AND
3. You are a Georgia licensee, AND
4. You have no active suspensions, cancellations, denials or revocations on your Georgia Driver's License.
5. If you hold a Commercial Driver's License (CDL), the issuance of an IIDLP will automatically downgrade your CDL and you will have no commercial driving privileges throughout the duration of the suspension.

You **MUST** request an IIDLP within thirty (30) calendar days of the serve date. If you do not request the IIDLP within thirty (30) calendar days, you will not be eligible for an IIDLP at any time during the period of suspension. If you request an IIDLP, your right to appeal the proposed suspension of your driver's license or driving privilege pursuant to O.C.G.A. § 40-5-67.1 will be **WAIVED**.

To request an IIDLP, you must, within thirty (30) calendar days of the serve date, visit a DDS Customer Service Center to complete and submit a Limited Driving Permit Application (DDS Form 665A). You must have both the ignition interlock device installed in your vehicle and the ignition interlock device limited driving permit issued by the Georgia DDS to drive legally in the state of Georgia.