

GEORGIA DEPARTMENT OF DRIVER SERVICES

P.O. BOX 80447 / CONYERS, GEORGIA 30013

**ATTACH
DRIVERS LICENSE
HERE**

SWORN 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:	ROAD OF OCCURRENCE:	DIRECTION & DISTANCE FROM & NAME OF NEAREST TOWN:	
DUI CITATION NUMBER ONLY:		COMMERCIAL VEHICLE: YES _____ NO _____	HAZARDOUS MATERIALS PRESENT: YES _____ NO _____		

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:
			WEIGHT: _____ SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

SWORN REPORT, ARRESTING OFFICER DATA, AND TEST DATA

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

This arresting officer swears or affirms that at the date and time noted above, the arresting officer, having reasonable grounds to believe that the driver had been driving or in actual physical control of a moving motor vehicle while under the influence of alcohol or a controlled substance, lawfully arrested the driver for violating O.C.G.A. 40-6-391; or that the driver was involved in a motor vehicle accident or collision that resulted in serious injury or fatality.

MARK ONE ONLY: The driver was requested to submit to state administered chemical testing as required by law and:

- 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 and 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 0.04 grams or more.

The arresting officer's signature constitutes certification that the arresting officer delivered a copy of this form to the driver.

Sworn and Subscribed to me this _____ day of _____, 20__.

Arresting Officer's Signature _____

Report Date _____

NOTE: PERSONALLY GIVE YELLOW COPY TO LICENSEE

Notary Public _____

SEAL

OFFICIAL NOTICE OF INTENT TO SUSPEND

You are hereby served Official Notice of the Suspension of your drivers license and/or your privilege to operate a motor vehicle for a period to be determined by the Department of Driver Services. If you refuse chemical testing, your license will be suspended for one year. Your suspension will begin at midnight on the 30th day following the date of arrest for the reason checked above. Hearing procedures are on the reverse side of the Driver's copy.

TEMPORARY DRIVING PERMIT

This is a valid temporary driving permit for a period of (30) days from the incident date above if signed by the arresting officer. **This is not a temporary driving permit if the 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. **TEMPORARY LICENSE MUST BE SIGNED IF DRIVER WAS VALID AT THE TIME OF ARREST.**

Yes No License surrendered? If No, state the reason.

Yes No Is the surrendered license attached on the upper left corner of the DDS copy of this report?

Yes No Is the surrendered license a *Habitual Violator Probationary* license?

Signature of Driver: _____

Signature of Arresting Officer: _____

SIGN TO VALIDATE TEMPORARY DRIVING PERMIT

Department of Driver Services Copy

Forms B-5