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: ☐ 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:	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: _____

PERSONALLY GIVE YELLOW COPY TO DRIVER