



# LOST LICENSE OR LICENSE SURRENDER AFFIDAVIT

Georgia Department of Driver Services  
Records Management  
P.O. Box 80447  
Conyers, GA 30013

I, \_\_\_\_\_, having received actual notice on  
(Please print name as shown on driver's license)

\_\_\_\_\_ that my driving privileges have been suspended, revoked, or cancelled  
(Date)

hereby certify that I am unable to surrender my driver's license as required by Georgia law for the following reason(s):

- has been seized by a law enforcement officer
- has been lost or stolen
- has been previously surrendered to a court or the Georgia Department of Driver Services (DDS)
- other \_\_\_\_\_

I understand that it is illegal to knowingly make a false affidavit or statement. I understand that it is illegal to display or be in possession of a driver's license that has been suspended, revoked, or cancelled pursuant to law and that doing so may result in a further suspension of my driving privileges.

Signature of Driver \_\_\_\_\_ DOB \_\_\_\_\_

Driver License # \_\_\_\_\_ Issuing State \_\_\_\_\_

Serving Agency Office of the Solicitor General of the State Court of Fulton County

County Fulton County

Serving Official's Name \_\_\_\_\_

Serving Official's Signature \_\_\_\_\_

### INSTRUCTIONS

- o Print or type all requested information.
- o This is a two-part form:
  - o Department of Driver Services copy is to be mailed to address at top of form
  - o Serving Agency copy should be retained for their records

**Department of Driver Services Copy**