



# Application for Reinstatement of a Controlled Substance Suspension

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

I do not have a driver's license in the State of Georgia or any other jurisdiction.

I am currently licensed in (jurisdiction) \_\_\_\_\_ and my

license number in that jurisdiction is \_\_\_\_\_.

(You must surrender this license to GA DDS if not surrendered in court at disposition)

Having had my driving privileges suspended in the State of Georgia based on a conviction for a controlled substance violation under Chapter 13 of Title 16 of O.C.G.A., in

City/County of Violation \_\_\_\_\_

Date of Disposition \_\_\_\_\_, I hereby submit application to reinstate my driving privileges.

I understand that, for the purpose of time accrual toward reinstatement eligibility, time will commence on the date Georgia DDS processes this form onto my driving record, provided there were no other active withdrawals on my record on the disposition date of this offense. If there were other active withdrawals on my record on that date, I understand that my controlled substance withdrawal will not begin accruing time toward reinstatement eligibility until all of those previous withdrawals have been reinstated. I understand that once my controlled substance withdrawal becomes effective, I will be eligible to reinstate *this* withdrawal only as provided below:

- first controlled substance conviction in five years\* : 180 days
- second controlled substance conviction in five years\* : 3 years (subject to early reinstatement after 1 year)
- third controlled substance conviction in five years\* : 5 years

\*as measured from dates of arrest to dates of arrest for which the convictions were obtained

I understand that upon reaching the date of reinstatement eligibility, my privileges will not be reinstated until I submit to Georgia DDS an original Certificate of Completion from a DDS-approved DUI Alcohol or Drug Use Risk Reduction Program and remit a reinstatement fee of \$210 (or \$200 if processed by mail).

I understand that I will not have my full driving privileges reinstated if there are other suspensions on my driving record at the time of reinstatement of this suspension.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Mail this form to: Georgia Department of Driver Services  
PO Box 80447  
Conyers, GA 30013  
ATTN: CSLR Validation Unit