



Georgia Department of Revenue - Motor Vehicle Division

Walker's Law Affidavit

ANY CORRECTION OR ALTERATION WILL VOID THIS AFFIDAVIT

Purpose of this affidavit: This affidavit is to be used by a vehicle owner to provide information regarding certain conditions which may interfere with their ability or an expected driver's ability to communicate.

How to submit this affidavit: This completed affidavit, legibly printed or typed, must be submitted to your local county tag office. Please refer to <https://dor.georgia.gov/motor-vehicles> to locate the county tag office in your county of residence.

A OWNER INFORMATION**Vehicle Owner's
Full Legal Name:**

First Name Middle Initial Last Name Suffix

Residential Address:

Street No. Street Name Apt./Suite No. City State ZIP Code

B ATTESTATION

I hereby attest that the owner or an expected driver of the vehicle(s) described below has a physical, mental, or neurological condition which impedes the ability to communicate.

Vehicle 1	Vehicle Identification No. (VIN):																	
	Year:	Make:	Model:	Tag No.:														
Vehicle 2	Vehicle Identification No. (VIN):																	
	Year:	Make:	Model:	Tag No.:														
Vehicle 3	Vehicle Identification No. (VIN):																	
	Year:	Make:	Model:	Tag No.:														

Provided below is an alternative emergency contact name and telephone number, the name of the expected driver (if applicable), and a description of the condition or diagnosis.

**Alternative Emergency Contact
Name and Telephone No.:**

Name Telephone No.

Name of the Expected Driver:
If other than the vehicle owner.**Description of the Condition or Diagnosis:** Check applicable box. ☐ Physical ☐ Mental ☐ Neurological**Condition or Diagnosis is:** Check applicable box. ☐ Temporary ☐ Intermittent ☐ Triggered by Certain Events

I understand that the information contained herein shall be made available to a law enforcement officer making a vehicle tag inquiry with the records of the Department of Revenue or criminal justice information system in the course of conducting official law enforcement business.

Vehicle Owner's Signature:**Date:**

/ /

C NOTARY PUBLIC ACKNOWLEDGEMENT

Sworn to and subscribed before me this

day of

Month

Year

Notary Seal or Stamp

**Notary Public's
Full Legal Name:****Physical Address:****E-mail Address:****Telephone No.:****Signature of
Notary Public:****Commission Expires:**