



Georgia Governor's Office of Highway Safety



GOHS Rollover Simulator Request Form

Please Complete This Form In Its Entirety & Return To:

Rhayes@gohs.ga.gov

Event Date(s): _____, 20____
Month Day Year

Type of Event: _____ **Sponsor:** _____

Location: _____ **GA** _____
Event Street Address City Zip

Event Time BEGINNING: ____:____ am pm **ENDING:** ____:____ am pm

Number of Persons Expected to Attend _____ **Ages:** _____

Contact Name: _____ **Title:** _____

Contact Email: _____

Contact Number: Office: _____ **Cell:** _____

Additional Information:

IMPORTANT: GOHS will contact you via email to acknowledge receipt of your request. *THIS DOES NOT CONFIRM THE ROLLOVER IS AVAILABLE FOR YOUR EVENT.* We will provide information about availability or scheduling conflicts on the date you have requested within 2 weeks of your request. The Rollover Simulator is available on a first-come, first served basis. Please note the Rollover Simulator will not be operated in inclement or extreme weather conditions for your safety and the safety of others.

For Further Information Contact: Roger Hayes, LES Director, 404-971-0379, rhayes@gohs.ga.gov