



CDL Instructor/Examiner Recertification Application

Please carefully review all requirements on the next page *before* completing the application.

Regulatory Compliance Division
Georgia Department of Driver Services

***This application is fillable; type in your information as requested, click on the applicable checkboxes, and print the completed application to be signed, notarized, and mailed to DDS.*



CDL Instructor/Examiner Recertification Application

Step 1 – Applicant must do all of the following:

- Complete the **Statement of Completion** and all sections of this application.
- Submit a notarized DDS Consent for Background Investigation Form.
- If you have been licensed in a state(s) other than Georgia in the past five (5) years, submit a certified Motor Vehicle Report (MVR) from each state in which you were licensed except Georgia.
- Register for a national and state fingerprint-based criminal background check using the Georgia Applicant Processing System (GAPS). Refer to the [GAPS Fingerprinting Registration Instructions](#) on the DDS website.

Step 2 – Applicant must include the documents required for the desired certification type (see below):

CDL Training Instructor

- Application fee of \$5.00 in the form of a money order or cashier’s check payable to Georgia Department of Driver Services
- Lab report from an accredited laboratory for your drug screen of marijuana, cocaine, opiates, amphetamines, and phencyclidine completed within 30 days of applying
- Notarized Employment Letter (on school letterhead) signed by a DDS-certified Driver Training School owner within 90 days of applying
- Medical Examiner Report completed and signed by your doctor and administered within 30 days of applying; a DOT Physical Form is acceptable

CDL Third Party Examiner

- [DDS CDL Third Party Tester and Examiner Agreement](#) signed and initialed by the applicant and all program owners

STATEMENT OF COMPLETION

I hereby certify that this application includes all documents and fees which are required to be attached for the approval as outlined above. I understand that the *average* processing time for this application is 30 business days. I understand that an incomplete application or application lacking the required information will result in my application not being processed and may result in fees being forfeited.

Printed Name

Signature

Date

Please mail application, fees and all required documents to:

Georgia Department of Driver Services
 Attn: Regulatory Compliance/CDL Unit
 2206 Eastview Parkway
 Conyers, Georgia 30013



SECTION 1: Program Information

DBA/Trade Name of DDS-Certified School/Program School/Program Certification #

Address of DDS-Certified School/Program City State

SECTION 2: Applicant Information

Select certification type(s): CDL Training Instructor CDL Third Party Examiner

Last Name First Name Middle Name Suffix

Date of Birth Driver's License # State of Issuance

Physical Home Address City State Zip Code County

Mailing Address Same as above City State Zip Code County

Home Phone Number Cell Phone Number

Each applicant must provide a secure, individual email address that only the applicant can access. The Department will use this email address for official purposes. The applicant should check the email account during the certification process.

**Email Address

Check to confirm the DDS-Certified School/Program listed above can be copied on emails sent to you about this application.

2.1 Are you or your spouse, dependent child, dependent stepchild, or dependent adopted child currently employed with the Georgia Department of Driver Services?
 Yes No

2.2 Are you a United States citizen?
 Yes No **Note:** Applicants that are not citizens of the United States must submit proof of lawful status with the application.

2.3 Are you at least 21 years of age?
 Yes No

SECTION 3: Applicant Affirmation

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

I will maintain the confidentiality of all school/program records.

I will refrain from abusing alcohol or other drugs, and from using illegal drugs.

I will maintain all reports and information as specified in the DDS rules and regulations.

I hereby authorize the release criminal history and any information necessary to DDS for the determination of my application for instructor certification. I understand that this information will be used only for the purpose of processing my application.

I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.

Signature Date

Sworn to and subscribed before me (SEAL)

this ____ day of _____ 20____.

Notary

**Georgia Department of Driver Services
Regulatory Compliance Division, 2206 East View Parkway, Conyers, GA 30013
CONSENT FOR BACKGROUND INVESTIGATION**

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			

APPLICANT TYPE: (OFFICE USE ONLY)			
<input type="checkbox"/> DUI Risk Reduction	<input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Instructor
<input type="checkbox"/> Driver Improvement	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Driver Training	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Third Party	<input type="checkbox"/> Tester	<input type="checkbox"/> Examiner	
<input type="checkbox"/> Ignition Interlock	<input type="checkbox"/> Owner/Operator		
<input type="checkbox"/> For-hire License Endorsement			
<input type="checkbox"/> Commercial Veh. Training School	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Motorcycle Safety	<input type="checkbox"/> Coach		

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Have you held any other driver's license(s) in the past 5 years? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code

Have you been convicted of, plead guilty to, or plead nolo contendere to any crime, whether felony or misdemeanor, in this state, in any other state, or in the federal system within the past ten (10) years? Yes No

Have you ever served time for any crime, whether felony or misdemeanor, in this state, in any other state, or in the federal system within the past ten (10) years? Yes No

Have you ever been on probation or parole for any crime, whether felony or misdemeanor, in this state, in any other state, or in the federal system within the past ten (10) years? Yes No

Do you have a charge(s) or a court hearing pending, or are you under indictment or accusation for any crime? Yes No

If you answered "yes" to any of the above, please note the offense, date and location below:

I hereby apply for Certification(s) to be issued by the Regulatory Compliance Division of the Department of Driver Services (DDS). I understand that my national and state criminal history, driver's history, and legal presence will be checked. I hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature _____ Date _____

THIS CONSENT FORM MUST BE NOTARIZED

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature _____ Date _____

My commission expires: