



CDL Program Name Change Application

- All applicants—including owners, partners, corporate officers, and/or controlling stockholders—must sign the Statement of Completion at the bottom of this page and include with the application. You may photocopy pages, as necessary.
- All applicants—including owners, partners, corporate officers, and/or controlling stockholders—must sign the Applicant Affirmation (Section 2) and include with the application. You may photocopy pages, as necessary.
- Submit a surety bond rider amending the program name. A separate surety bond rider is required for each certified program.
- Submit a copy of the updated program business license. Business licenses are required for each location.
- Submit revised copies, showing the new program name on all student contracts, forms and materials furnished to students.
- If incorporated, submit a copy of the Certificate of Incorporation from the Secretary of State; **OR**
- Submit a copy of the updated trade name form that you have registered with the County Clerk’s office where your business is located. The notarized certification that is required by our department is obtained from the Clerk of the Superior Court. (Form # RC-700).

STATEMENT OF COMPLETION

I hereby certify that this application includes all documents which are required to be attached, for the approval as outlined above. I understand that the *average* time it may take to process this application is 30 days. I understand that an incomplete application or application lacking the necessary paperwork will result in my application not being processed.

Printed Name	Legal Signature	Date
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Please submit application and all supporting documents to:
Georgia Department of Driver Services
Attn: CDL Compliance Unit
2206 Eastview Parkway
Conyers, Georgia 30013

An application drop box is also available at the entrance of the Conyers Customer Service Center.



SECTION 1: Program Information

1.1 Which programs will be affected? Provide certification #.

CDL School # _____

1.2 Name of program as it is currently certified by the Department of Driver Services:

Full Legal Name

Trade Name/DBA, if applicable

1.3 Proposed new program name:

Full Legal Name

Trade Name/DBA, if applicable

1.4 What is the proposed effective date of the program name change?

Date: _____

1.5 Provide the address of the main program location:

Physical Address	City	State	County	Zip Code
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Mailing Address	<input type="checkbox"/> Same as above	City	State	County	Zip Code
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1.6 Provide the contact information for the program:

Primary Phone Number	Facsimile Number
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Email Address	Website
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Contact Name	Title	Phone Number
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A secure, individual email address only accessible to the applicant(s) must be provided. The Department will use this email address for official purposes. Please make sure to check the email account during the certification process.

**Email Address



1.7 Does the name change affect more than one program location?

Yes No

1.7.1 If yes, list the physical address and program certification #'s for each location. Indicate if any of the programs are satellite locations. Include a separate page if additional space is needed.

Physical Address City State County Zip Code Certification #'s Satellite?

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1.8 Have you reviewed the applicable program rules and regulations to ensure the new name complies with the requirements?

Yes No

1.9 Is the name change associated with a change in ownership, partners, or the corporation of the entity originally certified by the Department of Driver Services?

Yes No

1.9.1 If you answered "Yes" to question 1.9, provide details of the change: _____

SECTION 2: 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. Furthermore, I have reviewed and complied with all program rules and regulations related to this name change.

I will submit all reports and information as specified in the DDS rules and regulations, and will allow the examination and audit of the books and records by the Department of Driver Services.

I hereby authorize the release to DDS of any information necessary for the determination of my application for program name change. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

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.

Legal Signature

Date

Sworn to and subscribed before me

this ____ day of _____ 20 ____.

(SEAL)

Notary

**APPLICATION TO REGISTER A BUSINESS TO BE CONDUCTED
UNDER A TRADE NAME/ADOPTED BUSINESS NAME**

STATE OF GEORGIA
COUNTY OF _____

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY ARE

CONDUCTING A BUSINESS AT _____
(STREET ADDRESS)

IN THE CITY OF _____, COUNTY OF _____, IN THE

STATE OF GEORGIA UNDER THE TRADE NAME:

THE NATURE OF SAID BUSINESS IS _____

SAID BUSINESS IS COMPOSED OF THE FOLLOWING PERSON(S) OR CORPORATION

<u>NAME(S)</u>	<u>ADDRESS(ES)</u>
_____	_____
_____	_____
_____	_____
_____	_____

THIS AFFIDAVIT IS MADE IN ACCORDANCE WITH THE ACT OF THE GEORGIA
LEGISLATURE APPROVED AUGUST, 1929, AMENDED MARCH, 1937 AND MARCH, 1943.

SWORN TO AND SUBSCRIBED BEFORE ME _____
THIS _____ DAY OF _____ 20_____. _____

NOTARY PUBLIC

This form is provided by the DDS as a sample and may be used by the Clerk of Superior Court. In no way is the Clerk of Superior Court required to use this form.