



CDL Program

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 Program Recertification Application

Step 1 – ALL applicants (each owner, partner, managing member, and corporate officer) must do the following:

- ☐ Complete Sections 2 and 3 of this application.
- ☐ Submit a notarized DDS Consent for Background Investigation Form.
- ☐ If the applicant(s) 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 they 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 – ONLY one owner must include the following required documents:

- ☐ Completed **Statement of Completion** (below) and Section 1 of this application
- ☐ Current Continuation or Verification Certificate for the \$10,000 Surety Bond on file with DDS; see the applicable program rules and regulations on the [DDS website](#) for bond requirements

Step 3 – Include each required document and payment listed under the desired certification type (see below):

CDL Training School

- ☐ Application fee of \$25.00 in the form of a money order or cashier's check payable to Georgia Department of Driver Services

CDL Third Party Tester

- ☐ [DDS CDL Third Party Tester Agreement](#) signed and initialed by all owners, partners, members, or officers

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 necessary paperwork 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 supporting documents to:

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



SECTION 1: *Program Information*

Select certification type(s):

☐ CDL Training School

☐ CDL Third Party Tester

Cert. # _____

Cert. # _____

Full Legal Name of Program, Clinic, School or Provider Center

Trade Name/DBA

☐ Same as Legal Name

Physical Address

City

State

Zip Code

County

Mailing Address

☐ Same as Physical

City

State

Zip Code

County

Classroom Address

☐ Same as Physical

City

State

Zip Code

County

Program Telephone Number

Program Facsimile Number

Program Email Address

Program Website

Contact Name

Title

Phone Number

***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**

1.1 Indicate the services this facility offers:

☐ Class A CDL Training

☐ Class B CDL Training

1.2 List the name of the curriculum taught for this program: _____

1.3 List the full name of all owners, partners, corporate officers or controlling stockholders.

Name	Title/Position	Interest Held

1.4 Has there been a change in ownership, partners, or the corporation of the entity originally certified by the Department of Driver Services?

☐ Yes ☐ No

1.4.1 If you answered "Yes" to question 1.4, provide details of the change: _____

1.5 In the chart below, list the vehicles owned by, leased or loaned to the school for the use of BTW driving instruction, if applicable. *If additional space is needed, attach a separate sheet of paper.*

Make (e.g., Toyota)	Model (e.g., Camry)	Model Year	VIN #

1.6 In the chart below, list the full name of all instructors and/or TPT examiners associated with the program. *If additional space is needed, attach a separate sheet of paper.*

First and Last Name	Certification # (if applicable)	Expiration Date (if applicable)



SECTION 2: *Applicant Information*

Last Name	First Name	Middle Name	Suffix	Title/Position
Date of Birth	Driver's License #	State of Issuance		
Home Address	City	State	Zip Code	County
Primary Phone Number	Secondary Phone Number	Email address		

2.1 Are you or your spouse, dependent child, dependent stepchild, or dependent adopted child is 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.

Furthermore, I will maintain the confidentiality of all program records. Records shall be confidential and shall not be released without the written consent of the student, except that such records shall be made available to DDS upon request.

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

I hereby authorize the release to DDS of any information necessary for the determination of my application for program certification. 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.

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? <div style="display: flex; justify-content: space-around;">YesNo</div>	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a charge(s) or a court hearing pending, or are you under indictment or accusation for any crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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
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THIS CONSENT FORM MUST BE NOTARIZED

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature	Date
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My commission expires: