



Commercial Vehicle Driver Training School Recertification Checklist

- All applicants-including partners, corporate officers and/or controlling stockholders-must sign the Statement of Completion at the bottom of this page and include it with the application.
- Section 1 should be completed only once for each school.
- All applicants-including partners, corporate officers and/or controlling stockholders-must complete Sections 2, 3, and 4 of the application. You may photocopy these sections accordingly.
- All applicants-including partners, corporate officers and/or controlling stockholders-must submit a notarized Consent for Background Investigation Form. You may photocopy this form as necessary. (Form # RC-900)
- All applicants-including partners, corporate officers and/or controlling stockholders-must undergo a national and state fingerprint-based criminal background check. Refer to the attached fingerprint instructions (RC-CDL-GAPS-999) for more information. <https://www.aps.gemalto.com/ga/index.htm>. All applicants must use the Georgia Applicant Processing System (GAPS). *If you have been fingerprinted for any other Regulatory Compliance Division certification within the past six months, please provide the date of fingerprinting:* _____
- Submit a renewal application fee of \$25.00, in the form of a money order, certified check, or cashier’s check, made payable to the Georgia Department of Driver Services.
- Submit a copy of the continuation or verification certificate for the surety bond currently on file.
- Submit a copy of a Certificate of Liability Insurance showing proof of commercial liability and property damage insurance coverage on the driver training vehicles, in an amount of at least \$100,000/\$300,000/\$50,000. The insurance company must be licensed and authorized to conduct business in the state of Georgia. The certificate holder must be the Georgia Department of Driver Services. All commercial vehicles used by the school must be listed on the Certificate or on an addendum provided by the insurance company attached to the Certificate.
- Submit the school’s Standard Business Hours. (Form # RC-CDL-800)
- Submit a copy of the program’s student contract and certificate, pre-numbered and pre-printed with school name, address and phone number.
- If any of the following have changed since last approved application, submit a copy of forms used by the school (including evaluation forms, attendance forms, student logs, school catalogs, and any handouts given to the student), tests or exams (must include answer keys), workbooks, textbooks, list of all videos used in training or provided for student viewing, road routes and handouts.
- If you wish to make any changes to your curriculum from the last approval submit two copies of the proposed curriculum, syllabus contract, and certificate(s) you will be using and label it “Proposed curriculum for approval”.
- Submit one copy of the curriculum, syllabus, contract, and certificate(s) you are using at the school.
- Submit a copy of all Annual Vehicle Inspection Reports for the past 12 months for all road and range vehicles.
- Submit a fee of \$25.00 for each Vehicle Registration Card that you wish to renew now. *VRCs are only issued for road vehicles.
- Submit a list of Current CDL Instructors

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 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

Legal Signature

Date

**Please submit application, fees and all supporting documents to:
Georgia Department of Driver Services
Attn: CDL Compliance Unit
2206 East View Parkway
Conyers, GA 30013**

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



Commercial Vehicle Driver Training School Recertification Application

SECTION 1: School Information

Full Legal Name of Commercial Vehicle Driver Training School _____

Trade Name/DBA, if applicable _____

School Physical Address _____ City _____ County _____ State _____ Zip Code _____

Mailing Address Same as above _____ City _____ County _____ State _____ Zip Code _____

Classroom Address Same as physical _____ City _____ County _____ State _____ Zip Code _____

Range Address Same as classroom _____ City _____ County _____ State _____ Zip Code _____

School Telephone Number _____ School Facsimile Number _____

School Email Address _____ School Website _____

Contact Name _____ Title _____ Phone Number _____ Email Address Same as above

USDOT Number that has been issued to the school: _____

I would prefer all correspondence be mailed to the mailing address above.
Unless the box is checked, all correspondence will be e-mailed to the contact person's e-mail address.

NOTE: You are required to have a working and verifiable telephone number and internet connection to maintain certification.

1.1 Indicate the type of school certification that you are renewing.

- Class A CDL Training
- Class B CDL Training

1.2 Is this school a corporation or limited liability company?

- Yes No

1.2.1 If you indicated "Yes" to question 1.2, have you applied for and successfully obtained a Certificate of Incorporation or Certificate of Authority from the Georgia Secretary of State?

- Yes No

1.2.2 If yes, list the names of all officers or controlling stockholders.

Name	Title/Position	Interest Held



1.3 Is this school jointly owned (partnership)?

Yes No

1.3.1 If yes, list the names of all partners/owners.

Name	Title/Position

1.4 Curricula (check all that apply):

Basic Operation

Safe Operating Practice

Advanced Operating Procedures

Vehicle Maintenance

Non-Driving Activities

Basic Skills Maneuvers

Please list the Curricula you will be using for the Commercial Vehicle Driver Training School:

(For Example:

Georgia Commercial Driver's Manual, J. J. Keller, Cargo Tank Driver Rollover Prevention (USDOT), Georgia Targeting Aggressive Cars & Trucks (DPS), GA School Bus Training Manual, etc.)

***Please submit a copy of the curriculum you will be using along with the application, if you are making any changes.**

1.5 In the chart below, list the vehicles (tractors and trailers) owned by, leased or loaned to the school for the use of driving instruction. If additional space is needed, attach a separate sheet of paper. You must provide a copy of the lease agreement for each vehicle that is leased. *VRCs are only issued for road vehicles.

Make and Model	Model Year	Truck # (if applicable)	VIN #	Range or Road

1.6 In the chart below, list the full name of all instructors that give instruction to students. If additional space is needed, attach a separate sheet of paper.

Full Name of Instructor	Instructor License #	Expiration Date



SECTION 2: Applicant Information

Last Name	First Name	Middle Name	Suffix	Title/Position	
Date of Birth	Driver's License #	State of Issuance	Social Security #		
Home Address	City	County	State	Zip Code	
Mailing Address	<input type="checkbox"/> Same as above	City	County	State	Zip Code
Primary Phone Number	Secondary 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 and as the only means of communication prior to and after your application is processed

**Email Address

2.1 Have you been fingerprinted within the past six (6) months for any other DDS Program (i.e. driver training, driver improvement)?
 Yes No

2.1.1 If you answered "Yes" to question 2.1, indicate in the space provided below the program(s) for which you were fingerprinted and the date(s).

School(s)	Date(s)
-----------	---------

2.2 Are you currently, or have you ever been, certified as a commercial driver training school owner or instructor in the state of Georgia?
 Yes No

2.2.1 If you answered "Yes" to question 2.2, list your certification number: _____

SECTION 3: Applicant Qualifications

3.1 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 application.

3.2 Are you currently employed with the Georgia Department of Driver Services?
 Yes No

3.3 Do you have a spouse, dependent child, dependent stepchild, or dependent adopted child that is currently employed with the Georgia Department of Driver Services?
 Yes No

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



SECTION 4: 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 refrain from abusing alcohol or other drugs, and from using illegal drugs.

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, records, and financial statements of the commercial vehicle driver training school by the Department of Driver Services.

The commercial vehicle driver training school complies with the requirements set forth by the Americans with Disabilities Act of 1990.

I hereby authorize the release to DDS of any information necessary for the determination of my application for school certification. I understand that this information will be used only for processing my application. Photocopies of this authorization will be valid for 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

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

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND DRIVING HISTORY <input type="checkbox"/> Pass <input type="checkbox"/> Fail CRIMINAL HISTORY <input type="checkbox"/> Pass <input type="checkbox"/> Fail	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"/>
<input type="checkbox"/> Driver Training	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	<input type="checkbox"/>
<input type="checkbox"/> Non-Commercial Third Party	<input type="checkbox"/> Tester	<input type="checkbox"/> Examiner	<input type="checkbox"/>
<input type="checkbox"/> CDL Third Party	<input type="checkbox"/> Tester	<input type="checkbox"/> Examiner	<input type="checkbox"/>
<input type="checkbox"/> Ignition Interlock	<input type="checkbox"/> Owner/Operator	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Commercial Veh. Training School	<input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Instructor
<input type="checkbox"/> Motorcycle Safety	<input type="checkbox"/> Rider Coach	<input type="checkbox"/> Rider Coach Trainer	<input type="checkbox"/> Private Site Manager
<input type="checkbox"/> For-hire License Endorsement			

Last Name	First Name	Middle	Phone Number
-----------	------------	--------	--------------

Driver's License Number (Include ALL zeros)	DL Issue date (Exam date)	State	Social Security Number	Date of Birth (MM/DD/YYYY) / /
---	---------------------------	-------	------------------------	-----------------------------------

Current Street Address	City and State	Zip Code
------------------------	----------------	----------

Have you held any driver's license from another state in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, list state(s) and license number(s)
---	--

Program/School Name (if applicable)	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 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 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:

<u>Offense</u>	<u>Date</u>	<u>City/State</u>
_____	_____	_____

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.

_____ Applicant Signature	_____ Date
------------------------------	---------------

THIS CONSENT FORM MUST BE NOTARIZED

Subscribed to and sworn before me:	Seal or Stamp
------------------------------------	---------------

_____ Notary Signature	
---------------------------	--

_____ Date	
---------------	--

My Commission Expires: _____

Georgia Applicant Processing System (GAPS)

All persons applying with the Georgia Department of Driver Services (DDS) to become certified in any of the regulated program areas listed below must use the **Georgia Applicant Processing System (GAPS)** to satisfy the statutorily required national and state fingerprint-based criminal history check.

- **Commercial Vehicle Driver Training School Owner**
- **Commercial Vehicle Driver Training Instructor**
- **CDL Third Party Tester**
- **CDL Third Party Examiner**

NOTE: Fingerprint standards set forth by the Georgia Crime Information Center (GCIC) and the National Crime Information Center (NCIC) prevent DDS from downloading fingerprint results until a certification application is submitted. In addition, fingerprint results are only available to DDS for download for 30 days. **THEREFORE, an approval from DDS is required prior to fingerprinting. The applicant must submit the required application too DDS and then register with GAPS for fingerprinting. This approval will be done electronically through the Gemalto site by DDS after a complete application is received in the CDL Compliance Division. Provided the applicant has registered for fingerprinting, Gemalto will notify them of the registration approval and to proceed to the specified location to complete the process. Please understand this approval procedure cannot be circumvented. If you have been fingerprinted through GAPS for any DDS regulated program within the past 6 months, your fingerprint results may be used for any additional application(s) submitted for DDS regulated programs during that 6-month period. Please indicate on your application the date you were previously fingerprinted.**

There are several locations throughout the State of Georgia that have been authorized by the NCIC, the GCIC and Gemalto Systems to use LiveScan devices to electronically capture and transmit fingerprints to the GCIC through a secure web-based environment. Criminal history search results, in most cases, will return within 24 to 48 hours following submission of fingerprints, decreasing the overall amount of time it takes for DDS to process your application for certification. Fingerprint results obtained from any source other than the approved GAPS process will not be accepted.

Out-of-state applicants may choose to submit fingerprint cards for an additional charge of \$8. Registration is still required through the GAPS website. Please review the "How to Submit Ink Cards" section on the GAPS Home page for detailed instructions.

Additional information regarding the GAPS process, policies, fees, and print locations may be found at <https://www.aps.gemalto.com>. If you have any questions, please feel free to contact the CDL unit at 678-413-8426 Linda or 678-413-8427 Brandy.

FINGERPRINT INSTRUCTIONS

Step 1: Select the GAPS location of your choice.

- Go to the following website: <https://www.aps.gemalto.com/ga/index.htm>
- Click on the "Find A Fingerprint Location" option.
- All authorized GAPS locations are depicted on an interactive map of Georgia. You may click on any location depicted on the map to obtain more detailed information about individual GAPS sites, including the name of the participating business, address, and telephone number. You may also use the Google Map feature which will show sites located near your current location and provide directions.

Step 2: Register.

- From the GAPS Georgia Home page, click on the "Applicant Registration" option. This will take you to a page with a listing of multiple agencies.
- Click on the "Department of Driver Services (DDS)" button. You will be taken to the DDS landing page with our contact information. Click on the "Register to be Fingerprinted" button.
- Read the Privacy Rights and click the box to accept the terms. Click "Continue."
- Select your Reason Code from the dropdown box (CDL and Motorcycle Safety Coaches should use the DT reason codes). Complete the web form with your personal data and payment information. You must pay by money order or credit card. Mandatory fields are highlighted in yellow.
- Please be advised that although the use of your Social Security Number is optional, if you do not submit your SSN, the GAPS location will not be able to confirm your registration if you forget to bring your confirmation receipt. In addition, you will not be able to print a replacement receipt. Therefore, you are strongly encouraged to use your Social Security Number.
- Money orders must be made payable to "Gemalto Cogent, Inc." and should be taken to the GAPS location.
- Fingerprinting fees for all DDS regulated programs are \$49.25. A link for the fees can be found under the "Fees" section at the bottom of the GAPS Georgia Home page. **Cash and checks are not accepted.**
- Once all information has been entered, click "Continue." Review your information and if everything is okay, click "Submit."

Step 3: Print your Receipt.

- A screen appears prompting you to either print your registration receipt or email it.
- If you lose your registration receipt, you can obtain a replacement under the "Reprint Registration Receipt" section located on the GAPS Georgia Home page.

Step 4: Go to the GAPS location as scheduled to be fingerprinted.

- On the date of your fingerprinting, be sure to call ahead to the GAPS location you plan to visit to confirm their business hours, the hours they do fingerprinting, and that a trained individual is going to be available.
- Be sure to review the FAQ section on the GAPS Georgia Home page for information regarding what forms of identity are required for you to be fingerprinted.

SURETY BOND FOR COMMERCIAL VEHICLE DRIVER TRAINING SCHOOL

Bond # _____

KNOW ALL MEN BY THESE PRESENTS: That we,

(Full Name of Commercial Vehicle Driver Training School Including the Full Legal Name and any D/B/A Name)

as Principal, and _____
(Full Name of Insurance Company)

a corporation or partnership organized and existing under the laws of the State of _____ and authorized to do business in the State of Georgia, as Surety, are hereby held and firmly bound unto the State of Georgia, for the use and benefit of all interested persons, injured by any breach of the conditions of this obligation, in the sum of **TEN THOUSAND (\$10,000) DOLLARS** lawful money of the United States of America, for the payment of which sum, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SEALED WITH our seals and dated this _____ day of _____, 20_____

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, THE ABOVE-MENTIONED principal has made application to the DEPARTMENT OF DRIVER SERVICES for a license to operate a COMMERCIAL DRIVER TRAINING SCHOOL under the provisions as set out in Georgia

Law O.C.G.A. §43-13-1 et seq.: representing by said application and by these presents, that all the statements set forth in said application to the DEPARTMENT OF DRIVER SERVICES, and that all of the written evidence or other probative matter filed with the said DEPARTMENT OF DRIVER SERVICES in connection with such application are true; and obligates itself and its agents to faithful compliance with all provisions of said Georgia Law O.C.G.A. §43-13-1 et seq. as now or hereafter amended, and any and all regulations and orders issued or hereafter to be issued by the DEPARTMENT OF DRIVER SERVICES and specifically with Georgia Law O.C.G.A. §43-13-4, Paragraph (4), for the protection of the contractual rights for students who enter into the annexed contract with:

(Name of Commercial Vehicle Driver Training School and Full Location Address)

WHEREAS, a copy of the contract of the Principal is hereby attached and made a part of this undertaking.

NOW, THEREFORE, if said Principal shall in all things well and truly perform, fulfill, comply with and observe all and singular the above named conditions, representatives and obligations, then this obligation shall be null and void; otherwise to be and remain in full force and effect, provided, however, that the aggregate liabilities recoverable against such bonds shall not exceed the sum of TEN THOUSAND (\$10,000) DOLLARS regardless of the number of claimants, and shall not be construed as individual liability.

IN WITNESS HEREOF, said Principal has hereunto set its hand and seal and the said Surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this

_____ day of _____, 20_____

ATTEST:

Signature (Witness)

Signature (Principal)

COUNTERSIGNED:

(Resident Agent Of Georgia)

Name: _____

(Address of Resident Agent)

Signature: _____

(Phone Number)

By: _____
(Attorney-in-Fact)



Standard Business Hours

CDL Third Party School System/Company Hours of Operation

Ga. Admin. Comp. Chapter 375-5-3-.15 (1) Every commercial driver training school/company shall maintain records, which shall be available for inspection by the Department during normal business hours. Normal business hours shall be between 8:30 a.m. and 4:30 p.m. daily. One hour of flexibility in the time may be observed as long as the school is open eight (8) hours per day.

Important Note: Facilities approved to operate more than one program must establish hours of operation that will satisfy at least the minimum requirements for each of the programs.

Example: If a facility offers driver improvement and CDL programs, the hours must meet the more stringent requirements of the CDL program and maintain the minimum operation hours of 8:30 a.m. to 4:30 p.m., Monday to Friday.

Hours of Operation:

Indicate below your program’s intended hours of operation.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Open	Time Open	Time Open	Time Open	Time Open	Time Open	Time Open
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Time Closed	Time Closed	Time Closed	Time Closed	Time Closed	Time Closed	Time Closed

The Department of Driver Services must receive written notice of any business hours changes at least two (2) weeks in advance.

Hours of operation certified by: _____
(Signature of program owner/director)

Program Name and Certification #: _____