Commercial Vehicle Driver Training Instructor License Checklist

☐ All applicants must sign the Statement of Completion at the bottom of this page and include with the application.
☐ All applicants must complete all sections of the application.
☐ Submit an application fee of $30.00, in the form of a money order, certified check, or cashier’s check, made payable to Georgia Department of Driver Services. This also includes the examination fee in the amount of $25.00.
☐ All applicants must undergo a national and state fingerprint-based criminal background check. Refer to the attached fingerprint instructions (RC-GAPS-999) for more information. All applicants must use the Georgia Applicant Processing System (GAPS).
☐ All applicants must submit a notarized Consent for Background Investigation. (Form # RC-900)
☐ Submit a lab report, from an accredited lab, showing the results for drug screen taken within 30 days of filing the application. The lab report for the drug screening must include the results for the following substances: amphetamines, cocaine metabolites, marijuana metabolites, opiates, and phencyclidine.
☐ Have a medical Examiner Report completed and signed by your doctor administered within 30 days of application. A DOT Physical form is acceptable.
☐ Submit a notarized statement from the owner of the driver training school that the applicant is or will be employed by the school.
☐ If you have been licensed in a state (or states) other than Georgia in the past five (5) years, you must obtain and submit a 7 year Motor Vehicle Report (MVR) from each state in which you were licensed except Georgia.
☐ The DDS will administer an instructor examination to instructor applicants to test their knowledge in Commercial Driving, Georgia Traffic Laws and Federal Motor Carrier Safety Regulations. This training is typically conducted every 2nd and 4th Thursday.

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: Regulatory Compliance Division/CDL Unit
2206 East View Parkway
Conyers, Georgia 30013

An application drop box is also available at the entrance of the Conyers Customer Service Center.
Commercial Vehicle Driver Training Instructor Application

SECTION 1: School Information

1.1 Indicate, in the space provided below, the full name of the commercial vehicle driver training school where you will be employed.

__________________________________________________________________________

SECTION 2: Applicant Information

Last Name ___________________________ First Name ___________________________ Middle Name ___________________________ Suffix ___________________________

Date of Birth ___________________________ Driver's License # ___________________________ State of Issuance ___________________________ Social Security # ___________________________

Home Address ___________________________ City ___________________________ State ___________________________ County ___________________________ Zip Code ___________________________

Mailing Address □ Same as above ___________________________ City ___________________________ State ___________________________ County ___________________________ Zip Code ___________________________

Home Phone Number ___________________________ Cell Phone Number ___________________________ Work 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: ___________________________

□ I authorize the Department to copy the employing Commercial Vehicle Driver Training School on all correspondences sent to this email address during the certification process. If the box is left unchecked, all correspondences will only be sent to the provided email address.

2.1 Have you been fingerprinted within the past six (6) months for any other DDS Program? □ 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).

Program(s) ___________________________ Date(s) ___________________________

2.2 Are you currently, or have you ever been, certified as a commercial vehicle driver training 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

   3.1.1 If you answered “No” to question 3.1, can you provide proof of lawful status to be in the United States?
   □ Yes  □ No

NOTE: Acceptable proof of citizenship or lawful status may be required.

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 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 instructor 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.

__________________________________________  ______________
Legal Signature                                        Date

Sworn to and subscribed before me

the ____ day of ____________________ 20___.                  (SEAL)

__________________________________________
Notary
**CONSENT FOR BACKGROUND INVESTIGATION**

**APPLICANT TYPE:** (OFFICE USE ONLY)

- □ DUI Risk Reduction  □ Owner  □ Director  □ Instructor
- □ Driver Improvement  □ Owner  □ Instructor
- □ Driver Training  □ Owner  □ Instructor
- □ Third Party  □ Tester  □ Examiner
- □ Ignition Interlock  □ Owner/Operator
- □ For-hire License Endorsement
- □ Commercial Veh. Training School  □ Owner  □ Instructor
- □ Motorcycle Safety  □ Coach

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Date of Birth (MM/DD/YYYY)</th>
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<thead>
<tr>
<th>Driver's License Number (Include ALL zeros)</th>
<th>Issue date (Exam date)</th>
<th>State</th>
<th>Social Security Number</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Current Street Address</th>
<th>City and State</th>
<th>Zip Code</th>
</tr>
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<tbody>
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<thead>
<tr>
<th>Have you held any other driver’s license(s) in the past 5 years?</th>
<th>If so, list state(s) and license number(s)</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
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<table>
<thead>
<tr>
<th>Company</th>
<th>Phone Number</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City and State</th>
<th>Zip Code</th>
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<table>
<thead>
<tr>
<th>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?</th>
<th>□ Yes  □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>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?</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Do you have a charge(s) or a court hearing pending, or are you under indictment or accusation for any crime?</td>
<td>□ Yes  □ No</td>
</tr>
</tbody>
</table>

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

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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:  

**RC-900 (10/17)**
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.

- Driver Training School Owners/Directors/Instructors
- Driver Improvement School Owners/Instructors
- DUI/Risk Reduction School Owners/Directors/Instructors
- Third Party Testers/Examiners
- Ignition Interlock Provider Center Owners
- For-Hire Driver Endorsement
- Commercial Vehicle Driver Training School Owner/Instructor/Tester/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, you should not start this fingerprinting process until you have submitted a certification application to DDS. 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.

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.