



# Driver Improvement Clinic Application

## SECTION 2: Applicant Information

Last Name	First Name	Middle Name	Suffix	Title/Position
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Date of Birth	Driver's License #	State of Issuance		
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Home Address	City	County	State	Zip Code
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Mailing Address	<input type="checkbox"/> Same as above	City	County	State
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Primary Phone Number	Secondary Phone Number		Email Address	
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## SECTION 3: Applicant Qualifications

- 3.1** Are you a United States citizen?  
 Yes  No **Note: Applicants that are not U.S. citizens must submit proof of lawful status with the application.**
- 3.2** Are you currently employed with or contracted by the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Behavioral Health and Developmental Disabilities?  
 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, Georgia Department of Public Safety, or Georgia Department of Behavioral Health and Developmental Disabilities?  
 Yes  No
- 3.4** Are you currently under a contractual agreement to provide services or affiliated with an entity or agency that provides services to the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Behavioral Health and Developmental Disabilities?  
 Yes  No If yes, please list the entity: \_\_\_\_\_
- 3.5** Are you at least 21 years of age?  
 Yes  No
- 3.6** Are you currently employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?  
 Yes  No If yes, please list the agency and job position: \_\_\_\_\_
- 3.7** Do you have a spouse that is employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?  
 Yes  No If yes, please list the agency and job position: \_\_\_\_\_
- 3.8** Do you own, manage, or operate a private company that has contracted to provide probation services for misdemeanor cases in this or any other state?  
 Yes  No



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## **SECTION 4: Applicant Affirmation**

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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 driver training school by the Department of Driver Services.

The driver improvement clinic 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 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 concealing a material fact in this application may result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.*

*I hereby apply for the certification 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.*

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Legal Signature

Date