



Driver Improvement Clinic Application

- Review the Driver Improvement Program Rules & Regulations (375-5-1) accessed through the DDS website (dds.georgia.gov).
- Prior to submitting this application, all applicants must complete the “Prerequisites of Opening a Driver Safety Program in Georgia” online training. This training can be accessed from the Regulated Programs home page.
- 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 this page with the application.
- All applicants—including owners, partners, corporate officers, and/or controlling stockholders—are required to complete all sections of the application with the exception of Section 1, which only needs to be completed once. You may photocopy these sections accordingly.
- All applicants—including owners, partners, corporate officers, and/or controlling stockholders must undergo a national and state fingerprint-based criminal background check using the Georgia Applicant Processing System (GAPS) (<https://www.aps.gemalto.com/ga/index.htm>). Refer to the attached fingerprint instructions (RC-GAPS-999) for more information.
- All applicants—including owners, 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—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 Motor Vehicle Report (MVR) from each state in which you were licensed except for Georgia.
- All applicants must submit a photocopy of their diploma and/or official transcript. A minimum of a high school diploma or GED is required.
- Submit proof of a continuous surety bond from a bonding company authorized to conduct business in the state of Georgia in the principal sum of \$10,000 for each clinic location. (Form # RC-DI-101)
- Submit proof of a fire code inspection of the clinic location, completed by a fire department or fire marshal, dated within 90 days of filing the application, and showing no violations.
- Submit a copy of the clinic’s business license.
- Submit the clinic’s Standard Business Hours. (Form # RC-800)
- Submit an application fee of \$200.00 in the form of a money order, certified check, or cashier’s check made payable to the Georgia Department of Driver Services.
- If incorporated, submit a copy of the Certificate of Incorporation from the Secretary of State; OR
- Submit a copy of the adopted business 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, per Rule 375-5-.04(4), is obtained from the Clerk of the Superior Court. (Form # RC-700)
- Submit a copy of the clinic certificate from one of the following approved curriculum providers:
 - American Automobile Association (AAA) – (866) 659-1317
 - American Safety Council (ASC) – (407) 539-0163
 - Driving Educators of Georgia (DEOG) – (770) 528-5611
 - Georgia Association for Risk Reduction & Defensive Driver Education (GARDE) – (770) 830-0045
 - National Safety Council (NSC) – (770) 729-0077 ext. 41004

NOTES:

- *Clinics will be required to submit drafts of the student contract, pre-numbered and pre-printed with clinic name, address and phone number. A contract template will be provided by the Department after the application has been submitted.*
- *Clinic owners will be required to attend the Driver Improvement Clinic Owner Training. Further information will be sent with the Clinic Certification.*

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* 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 and may result in fees being forfeited.

Printed Name

Legal Signature

Date

**Please submit application, fees & all supporting documents to:
Georgia Department of Driver Services
Attn: Regulatory Compliance Division
2206 Eastview Parkway
Conyers, Georgia 30013**

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



SECTION 1: *Clinic Information*

Full Legal Name of Driver Improvement Clinic

Trade Name/DBA, if applicable

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

Clinic Telephone Number Clinic Facsimile Number

Clinic Email Address Clinic 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 will offer:

- Classroom and office with full operating hours Satellite Classroom only

1.1.1 If satellite classroom only services are indicated in question 1.1, list the principal driver improvement clinic where the records will be maintained.

Clinic Name Address Clinic Certification Number

1.2 Will this clinic be 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 Will this clinic be jointly owned (partnership)?

Yes No

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

Name	Title/Position

1.4 Curricula the clinic is certified to instruct: (check all that apply)

- AAA
- ASC
- DEOG
- GARDE
- NSC

1.5 In the chart below, list the full name(s) of the instructors that will be employed at your clinic.

Name	DDS Instructor Certification #	DDS Expiration Date	Curriculum

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	County	State	Zip Code
Mailing Address	<input type="checkbox"/> Same as above	City	County	State
				Zip Code
Primary Phone Number	Secondary Phone Number	Email Address		

2.1 Have you been fingerprinted within the past six (6) months for any other DDS Program (i.e. Driver Training, Risk Reduction)?

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)
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2.2 Are you currently, or have you ever been, certified as a driver improvement clinic 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: _____



2.3 Are you currently, or have you ever been, certified by the Department of Driver Services as a risk reduction or driver training owner or instructor, or an ignition interlock operator, or an alcohol and drug awareness (ADAP) instructor?

Yes No

2.3.1 If you answered “Yes” to question 2.3, indicate your certification type(s) and certification number(s):

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 the 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 currently under a contractual agreement to provide services, or affiliated with an entity that provides services to the Georgia Department of Driver Services?

Yes No

3.4.1 If you answered “Yes” to question 3.4., please list the nature of the contractual agreement and the entity if applicable:

3.5 Are you currently employed as a judge, public or private probation officer, public or private probation employee or agent, law enforcement or peace officer, or employee of a court in this or any other state?

Yes No

3.6 Do you have a spouse, dependent child, dependent stepchild, or dependent adopted child that is employed as a judge, public or private probation officer, public or private probation employee or agent, law enforcement or peace officer, or employee of a court in this or any other state?

Yes No

3.7 Do you own, manage, and operate a private company that has contracted to provide probation services for misdemeanor cases in this or any other state?

Yes No

3.8 Are you at least 21 years of age?

Yes No

SECTION 4: *Educational Experience*

Name of High School	City/State	Diploma Obtained	GED	Date Awarded
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Name of College/University	City/State	Degree	Major Field of Study	Dates Attended
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		



SECTION 5: 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 driver improvement clinic by the Department of Driver Services.

I understand that in accordance with Ga. Comp. R. & Regs. r. 375-5-1-.05(1)(a) no person with a conviction of a felony or any other crime of moral turpitude, or a pattern of misdemeanors that evidences a disregard for the law, will be licensed unless he or she has received a pardon and can produce evidence of same. For the purposes of this subparagraph, a plea of nolo contendere shall be considered to be a conviction. For the purposes of this subparagraph, a conviction for which a person has been free from custody and free from supervision for at least ten years will not be considered, unless the conviction is for an offense which is a dangerous sexual offense as defined in O.C.G.A. §42-1-12 or the criminal offense was committed against a victim who was a minor at the time of the offense.

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.

The driver improvement clinic complies with the requirements set forth by the Americans with Disabilities Act of 1990.

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
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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
<u>THIS CONSENT FORM MUST BE NOTARIZED</u>	
Subscribed to and sworn before me:	Seal or Stamp

Notary Signature	
Date	

My Commission Expires: _____

RC-900 (12/17)



Standard Business Hours

Risk Reduction Program Hours of Operation

Ga. Admin. Comp. Chapter 375-5-6-.19 Each program shall maintain business hours of at least fifteen (15) hours per week.

Driver Improvement Clinic Hours of Operation

Ga. Admin. Comp. Chapter 375-5-1-.10 (d) A clinic shall maintain business hours of at least fifteen (15) hours per week, half of which must fall within the Department's normal business hours. An employee of the clinic must be available during this time to furnish information of operation, verify attendance to a class, or to produce the necessary records or documents whenever requested by a member of the Department. The clinic may close for a lunch hour at a set time, upon notice to the Department of the scheduled lunch hour. Each clinic is responsible for notifying the Department of times during which the business office of the clinic will be closed for lunch or vacation and of the regularly scheduled hours of operation of the business office.

Driver Training School Hours of Operation

Ga. Admin. Comp. Chapter 375-5-2-.11 (h) A driver training school shall maintain business hours of at least fifteen (15) hours per week, half of which must fall within the Department's normal business hours. An employee of the driver training school and/or limited driver training school must be available during this time to furnish information of operation, verify attendance to a class, or to produce the necessary records or documents whenever requested by a member of the Department. The school may close for a lunch hour at a set time upon notice to the Department of the scheduled lunch hour. The school shall be responsible for notifying the Department of those times during which the business office will be closed for lunch or vacation and of the regularly scheduled hours of operation of the business office.

Ignition Interlock Device Provider Center Hours of Operation

Proposed Rule: Maintain a place where the ignition interlock device provider center will be located which is easily accessible and open during pre-established daily business hours. Provider centers shall maintain daily business hours of at least four hours per day, between the hours of 8:00 a.m. and 8:00 p.m., five days per week.

Hours of Operation:

Indicate below your program's intended hours of operation. (DDS normal business hours are 8:00am-5:00pm Monday-Friday)

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) (Effective date for new hours of operation)

Please list each Program Name and Program Certification # that apply (if multiple locations, please submit a separate form for each location):

Risk Reduction Program (Name/Certification #): _____

Driver Improvement Program (Name/Certification #): _____

Driver Training Program (Name/Certification #): _____

Ignition Interlock Device (Name/Certification #): _____

SURETY BOND FOR DRIVER IMPROVEMENT CLINIC

Bond # _____

KNOW ALL MEN BY THESE PRESENTS: that we,

(Full Name of Driver Improvement Clinic Including the Full Legal Name and any D/B/A Name)

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

a corporation organized and existing under the laws of the State of _____
(State Insurance Company is domiciled in)

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 OBLIGATIONS ARE SUCH THAT:

WHEREAS, the above mentioned Principal has made application to the DEPARTMENT OF DRIVER SERVICES for a certificate to operate a DRIVER IMPROVEMENT CLINIC under the provisions as set out in O.C.G.A. §40-5-80; 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. §40-5-80 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. §40-5-80, Paragraph (2), for the protection of the contractual rights of students who enter into the annexed contract with

(Name of Driver Improvement Clinic and Physical 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, representations 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:

Principal

(Witness)

Owner's Name

COUNTERSIGNED

Owner's Signature

(Resident Agent of Georgia)

By

**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

NAME(S)

ADDRESS(ES)

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.

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.