



New CDL Program 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.*



New CDL Program 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 you 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 you 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** and Section 1 of this application
- ☐ Continuous \$10,000 Surety Bond from a bond company authorized to conduct business in Georgia for each location; see the applicable program rules and regulations on the [DDS website](#) for bond requirements (Bond samples are attached for reference.)
- ☐ Fire Code Inspection Report for the location showing no violations completed by the city/county fire marshal within 90 days of applying
- ☐ Business License (unexpired) for your program
- ☐ DDS Pre-Inspection Form completed and signed by the program owner
- ☐ **Corporations and LLCs only:** Submit a Certificate of Incorporation for your program from the Secretary of State.
Sole Proprietorships and Partnerships only: Submit a Trade Name Form from the county clerk's office showing your program's Doing Business As (DBA) name is registered in the county in which it is located.
- ☐ Certificate of Liability Insurance showing required active commercial liability and property damage coverage on all vehicles that will be used by the program and listing DDS as the Certificate Holder; refer to the [Commercial Vehicle Driver Training Rules and Regulations](#) for coverage requirements
- ☐ List of commercial vehicles to be used by the program/company

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 Instructor Training Application (New or Transfer/Additional) for each person who will be teaching for the program
- ☐ School Curriculum; refer to Curriculum Requirements on DDS website
- ☐ Additional Vehicle Registration Card (VRC) fee of \$25.00 for each road vehicle in the form of a money order or cashier's check payable to Georgia Department of Driver Services

CDL Third Party Testing Program

- ☐ [DDS CDL Third Party Tester Agreement](#) signed and initialed by all owners, partners, members, or officers
- ☐ CDL TPT Examiner Application (New or Transfer/Additional) for the person that will administer road skills tests for the program

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 required information 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 required documents to:

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



SECTION 1: *Program Information*

Select program type(s): ☐ CDL Training School ☐ CDL Third Party Testing Program

Full Legal Name of Program

Trade Name/DBA **Same as Legal Name**

Physical Address City County State Zip Code

Mailing Address ☐ Same as Physical Address City County State Zip Code

Classroom Address ☐ Same as Physical Address City County State Zip Code

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 type of school certification you are seeking:

☐ Class A CDL Training ☐ Class B CDL Training

1.2 List the name of the curriculum that will be taught at this program: _____

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

Full Name	Title/Position	Interest Held

1.4 List the full name of all instructors/examiners for this program. If additional space is needed, attach a separate sheet of paper.

Full Name	Instructor Certification # (if applicable)	Expiration Date (if applicable)



SECTION 2: *Applicant Information*

Last Name	First Name	Middle Name	Suffix	
Date of Birth	Driver's License #	State of Issuance		
Physical 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 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.

I will maintain the confidentiality of all program records including. 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 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 my program by the Department of Driver Services.

I hereby authorize the release of criminal history and any other information necessary to DDS 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. Copies of this authorization will be valid for the purpose of obtaining requested information. This program 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.

Signature	Date
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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:



Regulatory Compliance Division CDL Facility Pre-Inspection Checklist

Classroom:

- The classroom must have the minimum **300** square footage required by the program rules. Only usable space can be counted. All program rules are available at dds.georgia.gov.
- The classroom should be set up and ready for class. The arrangement should give the students the best possible learning environment.
- There should be adequate table & chairs or desks for students and space.
- The whiteboard or blackboard should be mounted.
- The television or projection screen should be large enough to be viewed by all students.
- Media equipment and other technology required by the curriculum should be onsite and in working order.
- Textbooks or student workbooks required by the curriculum provider should be onsite.

☐ Facility:

- The facility should have adequate lighting, heating and air conditioning.
- The restrooms should be clean and in working order.
- Offices and classrooms should be on the same premises. Not required for satellite classrooms.
- The program name and business hours should be displayed and clearly visible from the outside of the premises.
- There should be adequate parking for students or customers.
- Facility is clean and safe from health hazards.

☐ Office:

- The following should be onsite, set up and in working order:
 - Phone to be answered by program staff (cannot be operated entirely by an answering service or voicemail)
 - Computer and printer
 - Secure file storage for student/customer records
 - Working internet connection

☐ Location:

- Program cannot be located within a private residence.
- Program cannot be located within 500 feet of any building or portion of any building that is used by the Department for the purposes of conducting examinations for a driver's license or issuing driver's licenses.
- Range must meet the range qualifications that are on the DDS website.

Vehicles (for Behind the Wheel Training):

- Vehicle(s) must be equipped with the following items: working safety belts, extra brake pedal operable from the instructor's position, emergency brake operable from passenger side, two outside sideview mirrors, and cushions for proper seating of students.
- Vehicle(s) have following required signage:
 - Student Driver sign at least 2 inches big on rear of trailer
 - Sign identifying the school by name
 - DOT number readily readable from a distance of fifty (50) feet

I have reviewed the pre-inspection checklist and certify that the classroom, facility and office meet or exceed the requirements. I further understand that failure to meet these requirements at the time of inspection will result in a failed inspection and a denial of my program application.

School/Program Name: _____

Owner's Printed Name: _____

Owner's Signature: _____

Date Signed: _____

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 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 COMMERCIAL VEHICLE 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 of 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, 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. The Surety may terminate its suretyship by serving a written 30-day notice of the Surety's intent to the Department of Driver Services.

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 (Attorney-in-Fact)

SURETY BOND FOR COMMERCIAL THIRD PARTY TESTER

Bond # _____

KNOW ALL MEN BY THESE PRESENTS: that we,

(Full Name of Commercial Third Party Tester 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 COMMERCIAL THIRD PARTY TESTER 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 of students who enter into the annexed contract with

(Name of Commercial Third Party Tester 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. The Surety may terminate its suretyship by serving a written 30-day notice of the Surety's intent to the Department of Driver Services.

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)
RC-CDL-TPTSB (2/24)

By (Attorney-in-Fact)