



# Program Recertification 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.*



## **Program Recertification 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 the applicant(s) 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 they 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** (below) and Section 1 of this application
- ☐ Current Continuation or Verification Certificate for the \$10,000 Surety Bond on file with DDS; see the applicable program rules and regulations on the [DDS website](#) for bond requirements

### **Step 3 – Include each required document and payment listed under the desired certification type (see below):**

#### **DUI Alcohol or Drug Use Risk Reduction Program (RRP)**

- ☐ *N/A - No additional documents or payments required for RRP Recertification*

#### **Driver Improvement Clinic (DI)**

- ☐ Application fee of \$100.00 in the form of a money order or cashier's check payable to Georgia Department of Driver Services
- ☐ Clinic certificate (unexpired) from an approved curriculum provider; refer to the [list of Approved Curricula](#) on the DDS website

#### **Driver Training School (DT)**

- ☐ Application fee of \$25.00 in the form of a money order or cashier's check payable to Georgia Department of Driver Services
- ☐ **Public high schools:** Submit a notarized letter (on school BOE letterhead) from the superintendent or assistant superintendent appointing the applicant as the director responsible for the day-to-day operation of the driver training program.

#### **Ignition Interlock Provider Center (IIP)**

- ☐ Application fee of \$100.00 in the form of a money order or cashier's check payable to Georgia Department of Driver Services
- ☐ Agreement from an approved device manufacturer signed by both parties within the past year specifying the approved device(s) the Provider Center is authorized to install, recalibrate, and uninstall; refer to the [list of Approved Devices](#) on the DDS website
- ☐ Certificate of General Liability Insurance showing required active coverage on products and related services provided by the center and listing DDS as the Certificate Holder; refer to the [Ignition Interlock Provider Rules and Regulations](#) for coverage requirements
- ☐ Copy of all forms, contracts, and receipts provided to customers; the center's name, address, phone #, and DDS Certification # must be on each documents

#### **Third Party Tester (TPT)**

- ☐ [DDS Third Party Tester Agreement](#) signed and initialed by all owners, partners, members, or officers

### **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 necessary paperwork 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 supporting documents to:**

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



## SECTION 1: *Program Information*

Select certification type(s):

☐ **DUI Program**    ☐ **Driver Improvement Clinic**    ☐ **Driver Training School**    ☐ **Ignition Interlock Center**    ☐ **TPT Tester**

Cert. # \_\_\_\_\_    Cert. # \_\_\_\_\_    Cert. # \_\_\_\_\_    Cert. # \_\_\_\_\_    Cert. # \_\_\_\_\_

Full Legal Name of Program, Clinic, School or Provider Center

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

Physical Address    City    State    Zip Code    County

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

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

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 services this facility offers:

☐ Main Office and Classroom    ☐ Satellite Classroom only    ☐ Office for Behind the Wheel services    ☐ Office and Installation stall(s)

**1.1.1** If satellite classroom only services are indicated in 1.1, list the principal program location where the records are maintained:

Program Name    Program Certification #    Address

**1.2** List the name of the curriculum taught for this program: \_\_\_\_\_

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

Name	Title/Position	Interest Held

**1.4** Has there been a change in ownership, partners, or the corporation of the entity originally certified by the Department of Driver Services?

☐ Yes    ☐ No

**1.4.1** If you answered "Yes" to question 1.4, provide details of the change: \_\_\_\_\_

**1.5** In the chart below, list the vehicles owned by, leased or loaned to the school for the use of BTW driving instruction, if applicable.  
*If additional space is needed, attach a separate sheet of paper.*

Make (e.g., Toyota)	Model (e.g., Camry)	Model Year	VIN #

**1.6** In the chart below, list the full name of all instructors, TPT examiners, or IIP installers associated with the program.  
*If additional space is needed, attach a separate sheet of paper.*

First and Last Name	Certification # (if applicable)	Expiration Date (if applicable)



## 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	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 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
- 2.2** Are you or your spouse 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
- 2.3** 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
- 2.4** 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, Georgia Department of Public Safety, or Georgia Department of Behavioral Health and Developmental Disabilities?  
☐ Yes ☐ No
- 2.5** 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.
- 2.6** 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.

Furthermore, I will maintain the confidentiality of all program records. 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 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 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 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

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;"><span>Yes</span><span>No</span></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
<b>If you answered "yes" to any of the above, please note the offense, date and location below:</b>		

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: