



Program Recertification Application

Step 1 – ALL applicants:

- All applicants-including owners, partners and corporate officers-must sign the Statement of Completion at the bottom of this page and include this page with the application.
- Section 1 should be completed only once for each program application.
- All applicants-including owners, partners and corporate officers-must complete Sections 2 and 3 of the application. You may photocopy these sections accordingly.
- All applicants-including owners, partners and corporate officers-must submit a notarized Consent for Background Investigation. 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 Georgia.
- Submit a copy of the continuation or verification certificate for the surety bond currently on file. *Third Party Testers are not required to submit this item.*
- Submit a list of all instructors, or examiners, associated with the program.
- Submit a copy of all student/customer contracts and forms used by the program.
- All applicants—including 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). Refer to the attached fingerprint instructions (RC-GAPS-999) for more information. *If you have been fingerprinted for any other Regulatory Compliance Division certification within the past six months, please provide the date of fingerprinting: _____*

Step 2 - Submit additional documents below, depending upon type of certification held:

DUI Alcohol or Drug Use Risk Reduction Program Recertification

- Submit a list of director(s) associated with the program.
- Submit copies of the Student Information Sheet and the Employee Confidentiality Statement used by the program.

Driver Improvement Clinic Recertification

- Submit a renewal application fee of \$100.00 in the form of a money order, certified check, or cashier's check made payable to the Georgia Department of Driver Services.
- Submit a current copy of the clinic certificate from an approved curriculum provider. (AAA, ASC, DEOG, GARDE, NSC)

Driver Training School Recertification

- Submit a renewal application fee of \$25.00 in the form of a money order, certified check, or cashier's check made payable to the Georgia Department of Driver Services.
- If applicable, submit a list of vehicles to be used by the school.
- If applicable, submit a copy of a Certificate of Liability Insurance showing proof of commercial liability and property damage insurance coverage on the driver training vehicles.
- Privately-owned schools:** If applicable, submit a list of MOU's with external entities.
- Public school systems:** Submit a notarized statement from the superintendent or assistant superintendent appointing a director who will be responsible for the day-to-day operation of the driver training school.

Ignition Interlock Provider Center Recertification

- Submit a renewal application fee of \$100.00 in the form of a money order, certified check, or cashier's check made payable to the Georgia Department of Driver Services.
- Submit a current signed agreement with an approved manufacturer signed by both parties within the past year. Agreement should include which device(s) the provider center is authorized to install, monitor and uninstall.
- Submit a current certificate of general liability policy of insurance, including products and completed operations with not less than \$50,000 of combined single limits with an issuance carrier authorized to write policies in the state of Georgia.

Third Party Tester Recertification

- Submit a signed Third Party Tester Agreement. (Form # RC-TPT-300)

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 and 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: Program Information

<input type="checkbox"/> DUI Program	<input type="checkbox"/> Driver Improvement Clinic	<input type="checkbox"/> Driver Training School	<input type="checkbox"/> Ignition Interlock Center	<input type="checkbox"/> TPT Tester
Cert. # _____	Cert. # _____	Cert. # _____	Cert. # _____	Cert. # _____
Exp. Date _____	Exp. Date _____	Exp. Date _____	Exp. Date _____	Exp. Date _____

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

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 _____

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:

Classroom and office with full operating hours Satellite classroom only

1.1.1 If 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 owner, 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: _____



SECTION 2: Applicant Information

Form with fields: Last Name, First Name, Middle Name, Suffix, Title/Position, Date of Birth, Driver's License #, State of Issuance, Mailing Address, City, County, State, Zip Code, 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?
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?
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?
2.4 If you answered "Yes" to any of the questions above, give specific information detailing the company, agency, and job title.
2.5 Are you a United States citizen?

Note: Applicants that are not citizens of the United States must submit proof of lawful status with the application.

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.

Legal Signature Date

Sworn to and subscribed before me
this ___ day of _____ 20__.

(SEAL)

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? Yes No	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? Yes 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? Yes 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? Yes No

Do you have a charge(s) or a court hearing pending, or are you under indictment or accusation for any crime? Yes 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
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Notary Signature	Date
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My commission expires: _____