Affidavit to Confirm TPT Examiner Certification Eligibility

TPT EXAMINER APPLICANT INFORMATION

Name: _____ _____ _____
First **MI** **Last**

DOB: _____ **Address:** _____

_____

_____

DRIVER TRAINING CERTIFICATION INFORMATION

_____ _____ _____
DT Instructor Certification # **Cert Effective Date** **Cert Expiration Date**

_____ _____
Driver Training School Name **DT School Certification #**

APPLICANT ATTESTATION*

☐ I completed an application to obtain a DDS Third Party Testing Examiner Certification.

☐ I read and understand the TPT Program Rules and Regulations governed by DDS.

☐ Under the penalty of law, I do hereby swear or affirm that I am eligible for a DDS Third Party Testing Examiner Certification pursuant to O.C.G.A §43-13-6.2(b) because:

1. I have held my DDS Driver Training Instructor Certification for at least six (6) months.
2. I have provided at least 500 hours of approved behind-the-wheel training.

_____ _____
Applicant's Signature **Driver Training School Owner's Signature**

_____ _____
Date **Owner's Printed First and Last Name**

_____
Date

Sworn to and subscribed before me this ____day of _____ 20____. **(SEAL)**

_____
Notary

Knowingly making a false statement will result in criminal charges brought against you and the cancellation of your certification.

DDS-TPTAFF-01 (2/26)