



Third Party Tester Application

SECTION 2: Applicant Information

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|----------------------|--|-------------------|---------------|----------------|
| Last Name | First Name | Middle Name | Suffix | Title/Position |
| <hr/> | | | | |
| Date of Birth | Driver's License # | State of Issuance | | |
| <hr/> | | | | |
| Home Address | City | County | State | Zip Code |
| <hr/> | | | | |
| Mailing Address | <input type="checkbox"/> Same as above | City | County | State |
| <hr/> | | | | |
| Primary Phone Number | Secondary Phone Number | | Email Address | |
| <hr/> | | | | |

SECTION 3: Applicant Qualifications

- 3.1** Are you a United States citizen?
 Yes No **Note:** *Applicants that are not U.S. citizens must submit proof of lawful status with the application.*
- 3.2** Are you currently employed with or contracted by 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 at least 21 years of age?
 Yes No

SECTION 4: 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.

Furthermore, I will submit all reports and information as specified in the DDS rules and regulations, third party agreement, and department's directives and will allow the examination and audit of the books, records, and files for my driver training and third party testing programs by the Department of Driver Services.

I hereby authorize the release to DDS of any information necessary for the determination of my application for school 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.

I hereby apply for the certification 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.

Legal Signature **Date**