Recertification Checklist for CDL Third Party Tester

☐ All applicants—including partners and corporate officers—must sign the Statement of Completion at the bottom of this page and include it with the application.

☐ Section 1 should be completed only once for each program application.

☐ All applicants—including partners and corporate officers—must complete Sections 2 and 3 of the application. You may photocopy these sections accordingly.

☐ All applicants—including 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 certificate for the surety bond currently on file.

☐ Submit a list of all examiners, associated with the program.

☐ All applicants—including partners, corporate officers and/or controlling stockholders must undergo a national and state fingerprint-based criminal background check. Refer to the attached fingerprint instructions (RC-GAPS-999) for more information https://www.aps.gemalto.com/ga/ondex.htm. All applicants must use the Georgia Applicant Processing System (GAPS). If you have been fingerprinted for any other Regulatory Compliance Division certification within the past six months, please provide the date of fingerprinting: ____________________________

☐ If applicable, submit a list of commercial vehicles to be used by the school. (Not applicable for BOE locations)

☐ If applicable, submit a copy of a Certificate of Liability Insurance showing proof of commercial liability and property damage insurance coverage on the commercial driver training vehicles.

☐ Privately Owned schools: If applicable, submit a list of MOU’s with external entities.

☐ Submit the school’s Standard business hours. (Form# RC-CDL 800)

☐ Submit a signed Third-Party Testing/Examiner Agreement, which will be provided by the Department after the application has been approved.

**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 an incomplete application or application lacking the necessary paperwork will result in my application not being processed and may result in fees being forfeited.

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Legal Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Please submit application, fees and all supporting documents to:
Georgia Department of Driver Services
Attn: CDL Compliance Unit
2206 East View Parkway
Conyers, Georgia 30013

An application drop box is also available at the entrance of the Conyers Customer Service Center.
IMPORTANT NOTICE

Please be mindful that the most commonly omitted items from the Program/School/Provider Recertification Application are:

**Commercial Vehicle Third Party Tester**
- [ ] Surety Bond Continuation Form
- [ ] Current Certificate of Liability Insurance with vehicle information listed.
- [ ] Completed application for each stakeholder/partner
- [ ] Notarized Consent for Background Investigation Form for each stakeholder/partner (Form # RC-900)
- [ ] Georgia Applicant Processing System (GAPS), the fingerprint-based background check for each stakeholder/partner
- [ ] List of examiners and commercial vehicles associated with the school. (Not applicable for BOE’s)

NOTE: Incomplete applications or applications lacking the necessary paperwork will result in your application not being processed or create a delay in processing time.
CDL Third Party Tester Recertification Application

SECTION 1: School Information

Cert. #_________  Cert. #_________  Cert. #_________  Cert. #_________  Cert. #_________
Exp. Date________  Exp. Date________  Exp. Date________  Exp. Date________  Exp. Date________

Full Legal Name of School

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
Email Address
☐ Same as above

☐ I would prefer all correspondence be mailed to the mailing address above.
   Unless the box is checked, all correspondence will be emailed to the email address provided.

1.1 Indicate the services this facility offers:
☐ Classroom and office with full operating hours

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

________________________________________________________________________________________

1.2 List the name of the curriculum taught for this program:

1.3 List the full name of all owner, partners, officers or controlling stockholders.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Interest Held</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Suffix</th>
<th>Title/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Date of Birth  
Driver’s License #  
State of Issuance  
Social Security #  

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Primary Phone Number  
Secondary Phone Number  
Email address  

2.1 Are you currently employed with by the Georgia Department of Driver Services?

☐ Yes  ☐ No

2.2 Do you have a spouse, dependent, stepchild or dependent adopted child that is currently employed with the Department of Driver Services?

☐ Yes  ☐ No

2.3 Are there any criminal charges currently pending against you?

☐ Yes  ☐ No

2.3.1 If you answered “Yes” to question 2.3, please provide the nature of the charges below.

<table>
<thead>
<tr>
<th>Charge</th>
<th>State and County</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

2.4 Are you a United States citizen?

☐ Yes  ☐ No

2.4.1 If you answered “No” to question 2.4, can you provide proof of lawful status to be in the United States? Acceptable proof of citizenship or lawful status is required and must be submitted with the application.

☐ 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.

Legal Signature  
Date

Sworn to and subscribed before me

this ____ day of ____________ 20___.

(SEAL)

Notary

RC-CDL-TPT-150 (08/20)
**CDL Third Party School System/Company Hours of Operation**

*Ga. Admin. Comp. Chapter 375-5-3-.15 (1)* Every commercial driver training school/company shall maintain records, which shall be available for inspection by the Department during normal business hours. Normal business hours shall be between 8:30 a.m. and 4:30 p.m. daily. One hour of flexibility in the time may be observed as long as the school is open eight (8) hours per day.

**Important Note:** Facilities approved to operate more than one program must establish hours of operation that will satisfy at least the minimum requirements for each of the programs.

Example: If a facility offers driver improvement and CDL programs, the hours must meet the more stringent requirements of the CDL program and maintain the minimum operation hours of 8:30 a.m. to 4:30 p.m., Monday to Friday.

**Hours of Operation:**
Indicate below your program’s intended hours of operation.

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Open</td>
<td>Time Open</td>
<td>Time Open</td>
<td>Time Open</td>
<td>Time Open</td>
<td>Time Open</td>
<td>Time Open</td>
<td>Time Open</td>
</tr>
<tr>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
</tr>
<tr>
<td>Time Closed</td>
<td>Time Closed</td>
<td>Time Closed</td>
<td>Time Closed</td>
<td>Time Closed</td>
<td>Time Closed</td>
<td>Time Closed</td>
<td>Time Closed</td>
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</tbody>
</table>

The Department of Driver Services must receive written notice of any business hours changes at least two (2) weeks in advance.

Hours of operation certified by: __________________________________________

(Signature of program owner/director)

Program Name and Certification #: _________________________________________
**Georgia Department of Driver Services**  
**Regulatory Compliance Division, 2206 Eastview Parkway, Conyers, GA 30013**  
**CONSENT FOR BACKGROUND INVESTIGATION**

<table>
<thead>
<tr>
<th>FILE NUMBER</th>
<th>DATE APPLICATION RECEIVED</th>
<th>DRIVING HISTORY</th>
<th>CRIMINAL HISTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Pass</td>
<td>Fall</td>
</tr>
</tbody>
</table>

**APPLICANT TYPE:** (OFFICE USE ONLY)

- [ ] DUI Risk Reduction
- [ ] Driver Improvement
- [ ] Driver Training
- [ ] Non-Commercial Third Party
- [ ] CDL Third Party
- [ ] Ignition Interlock
- [ ] Commercial Veh. Training School
- [ ] Motorcycle Safety
- [ ] For-hire License Endorsement

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Phone Number</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Driver’s License Number (Include ALL zeros)</th>
<th>DL Issue date (Exam date)</th>
<th>State</th>
<th>Social Security Number</th>
<th>Date of Birth (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Current Street Address</th>
<th>City and State</th>
<th>Zip Code</th>
</tr>
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<tr>
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</table>

<table>
<thead>
<tr>
<th>Have you held any driver’s license from another state in the past 5 years?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If so, list state(s) and license number(s) and Phone Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program/School Name (if applicable)</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City and State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

| 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 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 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:

<table>
<thead>
<tr>
<th>Offense</th>
<th>Date</th>
<th>City/State</th>
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</table>

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.

**Applicant Signature**

**Date**

THIS CONSENT FORM MUST BE NOTARIZED

Subscribed to and sworn before me:

**Notary Signature**

**Date**

My Commission Expires: _______________________

RC-900 (08/20)
Georgia Applicant Processing System (GAPS)

All persons applying with the Georgia Department of Driver Services (DDS) to become certified in any
of the regulated program areas listed below must use the Georgia Applicant Processing System
(GAPS) to satisfy the statutorily required national and state fingerprint-based criminal history check.

- Commercial Vehicle Driver Training School Owner
- Commercial Vehicle Driver Training Instructor
- CDL Third Party Tester
- CDL Third Party Examiner

NOTE: Fingerprint standards set forth by the Georgia Crime Information Center (GCIC) and
the National Crime Information Center (NCIC) prevent DDS from downloading fingerprint
results until a certification application is submitted. In addition, fingerprint results are only
available to DDS for download for 30 days. THEREFORE, an approval from DDS is required
prior to fingerprinting. The applicant must submit the required application and then register
with GAPS for fingerprinting. This approval will be done electronically through the Gemalto
site by DDS after a complete application is received in the CDL Compliance Division.
Provided the applicant has registered for fingerprinting, Gemalto will notify them of the
registration approval and to proceed to the specified location to complete the process.
Please understand this approval procedure cannot be circumvented. If you have been
fingerprinted through GAPS for any DDS regulated program within the past 6 months, your
fingerprint results may be used for any additional application(s) submitted for DDS
regulated programs during that 6-month period. Please indicate on your application the date
you were previously fingerprinted.

There are several locations throughout the State of Georgia that have been authorized by the NCIC,
the GCIC and Gemalto Systems to use LiveScan devices to electronically capture and transmit
fingerprints to the GCIC through a secure web-based environment. Criminal history search results, in
most cases, will return within 24 to 48 hours following submission of fingerprints, decreasing the
overall amount of time it takes for DDS to process your application for certification. Fingerprint results
obtained from any source other than the approved GAPS process will not be accepted.

Out-of-state applicants may choose to submit fingerprint cards for an additional charge of $8.
Registration is still required through the GAPS website. Please review the “How to Submit Ink Cards”
section on the GAPS Home page for detailed instructions.

Additional information regarding the GAPS process, policies, fees, and print locations may be found at
https://www.aps.gemalto.com. If you have any questions, please feel free to contact the CDL unit at
678-413-8426 Linda or 678-413-8427 Brandy.
FINGERPRINT INSTRUCTIONS

Step 1: Select the GAPS location of your choice.

- Go to the following website: https://www.aps.gemalto.com/ga/index.htm
- Click on the “Find A Fingerprint Location” option.
- All authorized GAPS locations are depicted on an interactive map of Georgia. You may click on any location depicted on the map to obtain more detailed information about individual GAPS sites, including the name of the participating business, address, and telephone number. You may also use the Google Map feature which will show sites located near your current location and provide directions.

Step 2: Register.

- From the GAPS Georgia Home page, click on the “Applicant Registration” option. This will take you to a page with a listing of multiple agencies.
- Click on the “Department of Driver Services (DDS)” button. You will be taken to the DDS landing page with our contact information. Click on the “Register to be Fingerprinted” button.
- Read the Privacy Rights and click the box to accept the terms. Click “Continue.”
- Select your Reason Code from the dropdown box (CDL and Motorcycle Safety Coaches should use the DT reason codes). Complete the web form with your personal data and payment information. You must pay by money order or credit card. Mandatory fields are highlighted in yellow.
- Please be advised that although the use of your Social Security Number is optional, if you do not submit your SSN, the GAPS location will not be able to confirm your registration if you forget to bring your confirmation receipt. In addition, you will not be able to print a replacement receipt. Therefore, you are strongly encouraged to use your Social Security Number.
- Money orders must be made payable to “Gemalto Cogent, Inc.” and should be taken to the GAPS location.
- Fingerprinting fees for all DDS regulated programs are $49.25. A link for the fees can be found under the “Fees” section at the bottom of the GAPS Georgia Home page. Cash and checks are not accepted.
- Once all information has been entered, click “Continue.” Review your information and if everything is okay, click “Submit.”

Step 3: Print your Receipt.

- A screen appears prompting you to either print your registration receipt or email it.
- If you lose your registration receipt, you can obtain a replacement under the “Reprint Registration Receipt” section located on the GAPS Georgia Home page.

Step 4: Go to the GAPS location as scheduled to be fingerprinted.

- On the date of your fingerprinting, be sure to call ahead to the GAPS location you plan to visit to confirm their business hours, the hours they do fingerprinting, and that a trained individual is going to be available.
- Be sure to review the FAQ section on the GAPS Georgia Home page for information regarding what forms of identity are required for you to be fingerprinted.