Recertification Checklist for Third Party Tester

Step 1:
- 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. 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 a signed Third Party Testing Agreement.

**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: Regulatory Compliance Division CDL Unit
2206 East View Parkway
Conyers, Georgia 30013

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

RC-CDL-TPT-150 (04/15)
IMPORTANT NOTICE

Please be mindful that the most commonly omitted items from the Program/School/ Clinic/ 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.
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>
<td></td>
<td></td>
<td></td>
</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:

________________________________________________________________________

RC-CDL-TPT-150 (04/15)
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>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Driver’s License #</th>
<th>State of Issuance</th>
<th>Social Security #</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Primary Phone Number</th>
<th>Secondary Phone Number</th>
<th>Email address</th>
</tr>
</thead>
</table>

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>
</table>

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

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

Sworn to and subscribed before me

this ___ day of _____________ 20___.

(SEAL)

Notary

RC-CDL-TPT-150 (04/15)
# Georgia Department of Driver Services

**Regulatory Compliance Division, 2206 East View Parkway, Conyers, GA 30013**

**CONSENT FOR BACKGROUND INVESTIGATION**

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
<th>OFFICE USE ONLY</th>
<th>OFFICE USE ONLY</th>
<th>OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FILE NUMBER</strong></td>
<td><strong>DATE APPLICATION RECEIVED:</strong></td>
<td><strong>BACKGROUND</strong></td>
<td><strong>OFFICE USE ONLY</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>DRIVER’S HIST</td>
<td>CRIMINAL HIST</td>
</tr>
<tr>
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<td></td>
<td>P F</td>
<td>P F</td>
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</tbody>
</table>

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

- [ ] DUI Risk Reduction
- [ ] Owner
- [ ] Director
- [ ] Instructor
- [ ] Driver Improvement
- [ ] Owner
- [ ] Instructor
- [ ] Driver Training
- [ ] Owner
- [ ] Instructor
- [ ] Third Party
- [ ] Tester
- [ ] Examiner
- [ ] Ignition Interlock
- [ ] Owner/Operator
- [ ] For-hire License Endorsement
- [ ] Commercial Veh. Training School
- [ ] Owner
- [ ] Instructor
- [ ] Motorcycle Safety
- [ ] Coach

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

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

<table>
<thead>
<tr>
<th>Do you hold any other driver’s license(s)?</th>
<th>If so, list state(s) and license number(s)</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Company</th>
<th>Phone Number</th>
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</table>

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

---

**THIS CONSENT FORM MUST BE NOTARIZED**

---

**Subscribed to and sworn before me:**  
**Seal or Stamp**

**Notary Signature**  
**Date**

---

**My commission expires:**

---

**RC-900 (8/15)**
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 utilize the Georgia Applicant Processing System (GAPS) to satisfy the statutorily required national and state fingerprint-based criminal history check. **Fingerprint results obtained from any source other than the approved GAPS process will not be accepted.**

- Driver Training School Owners/Directors/Instructors
- Driver Improvement School Owners/Instructors
- DUI/Risk Reduction School Owners/Directors/Instructors
- Third Party Testers/Examiners
- Ignition Interlock Provider Center Owners
- For-hire License Endorsement
- Commercial Vehicle Driver Training School Owner/Instructor/Tester/Examiner
- Motorcycle Safety Coach

**NOTE:** 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 the following 6 month period. Please indicate on your application the date you were previously fingerprinted.

GAPS consists of numerous locations throughout the State of Georgia that have been authorized by the NCIC, the GCIC and Cogent 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.

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 GAPS processes, policies, fees, and print locations may be found at [www.qa.cogentid.com](http://www.qa.cogentid.com).

**IMPORTANT:** By the time you submit your application you should already have your fingerprints done through GAPS. You will not receive notification from DDS to proceed with your fingerprinting.

**FINGERPRINT INSTRUCTIONS**

**Step 1: Select the GAPS location of your choice.**

- Go to the following website: [http://www.qa.cogentid.com/index.htm](http://www.qa.cogentid.com/index.htm)
- Click on the “Find A Fingerprint Location” option.
- All authorized GAPS locations are depicted on an interactive map of Georgia. You may mouse over and click on any of the locations 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 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, Third Party, and Motorcycle Safety Coaches should use the DT reason codes). Complete the web form with your personal data and payment information. Payment is 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 “Cogent Systems” and should be taken to the GAPS location.
- Fees for all the DDS regulated programs are $51.00. A link for the fees can be found under the “Fees” section on the GAPS website below:
  http://www.ga.cogentid.com/index.htm
- 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 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 Home page for information regarding what forms of identity are required when you are fingerprinted.