



Transfer Application for Commercial Vehicle Instructors/Examiners

- Sign the Statement of Completion at the bottom of this page and include with the application.
- Complete all sections of the application.
- Submit application fee of \$5.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- Submit a notarized statement from the owner or tester representative of the driver training school/school system/company that will employ the applicant.
- Attach old instructor's/examiner's certification to this application. (If it has not been turned in to previous school or tester)

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.

Printed Name	Legal Signature	Date
---------------------	------------------------	-------------

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

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



Transfer Application for Commercial Vehicle Instructors/Examiners

SECTION 1: Applicant Information

Cert. # _____ Cert. # _____ Cert. # _____ Cert. # _____ Cert. # _____

Exp. Date _____ Exp. Date _____ Exp. Date _____ Exp. Date _____ Exp. Date _____

Last Name First Name Middle Name Suffix

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

Home Address City County State Zip Code

Mailing Address Same as above City County State Zip Code

Home Phone Number Cell Phone Number Work Phone Number

Each applicant must provide a secure, individual email address that only the applicant can access. The Department will use this email address for official purposes and as the only means of communication prior to and after your application is processed

**Email Address

- 1.1 Are you or your spouse currently employed with the Georgia Department of Driver Services?
 Yes No
- 1.2 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?
 Yes No
- 1.3 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?
 Yes No
- 1.4 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
- 1.5 If you answered "Yes" to any of the questions above, give specific information detailing the company, agency, and job title.

1.6 Are you a United States citizen?
 Yes No

1.6.1 If you answered "No" to question 1.6, can you provide proof of lawful status to be in the United States?
 Yes No

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



1.7 List the name of the driver training school/school system/company where you were previously employed:

List the name of the driver training school/school system/company where you wish to transfer your certification:

SECTION 2: 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 including, but not limited to assessment results and other program components. 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 refrain from abusing alcohol or other drugs, and from using illegal drugs.

I will maintain all reports and information as specified in the DDS rules and regulations.

I understand that DDS will list my name and address as public record.

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