



# Instructor/Examiner/Director Recertification Application

## Step 1 - ALL applicants:

- Sign the Statement of Completion at the bottom of this page and include this page with the application.
- Complete all sections of the application.
- Submit a notarized Consent for Background Investigation Form. (Form # RC-900)
- 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.
- All applicants must undergo a national and state fingerprint-based criminal background check using the Georgia Applicant Processing System (GAPS). Refer to the attached fingerprint instructions (RC-GAPS-999) for more information. *If you have been fingerprinted for any other Regulatory Compliance Division certification within the past six months, please provide the date of fingerprinting: \_\_\_\_\_*

## Step 2 - Submit additional documents below, depending upon type of certification held:

### DUI Alcohol or Drug Use Risk Reduction Program Director Recertification

- Submit documentation of 16 contact hours of approved continuing education.

### DUI Alcohol or Drug Use Risk Reduction Program Instructor Recertification

- Submit documentation of 32 contact hours of approved continuing education.
- Submit documentation, such as class rosters or a letter from program owner/director, showing at least four (4) classes have been taught within the current certification period.

### Driver Training Instructor Recertification

- Submit a recertification 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 lab report from an **accredited lab** showing the results for drug screen taken within 30 days of filing the application. The lab report for the drug screening must include the results for the following substances: amphetamines, cocaine metabolites, marijuana metabolites, opiates, and phencyclidine.
- Submit the Physical Examination Form completed and signed by your doctor within 30 days of filing application. (Form # RC-DT-201)
- Submit a notarized letter (on school/company letterhead), signed and dated, from the owner of the driver training school that the applicant is or will be employed by the school.

### Third Party Examiner Recertification

- Submit a signed Third Party Tester and Examiner Agreement. (Form # RC-TPT-300)

### Driver Improvement Instructor Recertification

- Submit a recertification application fee of \$50.00 in the form of a money order, certified check, or cashier's check made payable to the Georgia Department of Driver Services.
- Submit a current instructor certificate(s) from an approved curricula provider. (AAA, ASC, DEOG, GARDE, NSC)

### 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 the *average* time it may take to process this application is 30 days. 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: Regulatory Compliance Division  
 2206 Eastview Parkway  
 Conyers, GA 30013

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



## SECTION 1: *Applicant Information*

<input type="checkbox"/> <b>RRP Instructor</b>	<input type="checkbox"/> <b>RRP Director</b>	<input type="checkbox"/> <b>Driver Improvement Instructor</b>	<input type="checkbox"/> <b>Driver Training Instructor</b>	<input type="checkbox"/> <b>TPT Examiner</b>
Cert. # _____	Cert. # _____	Cert. # _____	Cert. # _____	Cert. # _____
Exp. Date _____	Exp. Date _____	Exp. Date _____	Exp. Date _____	Exp. Date _____

Last Name	First Name	Middle Name	Suffix
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Date of Birth	Driver's License #	State of Issuance
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Home Address	City	County	State	Zip Code
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Mailing Address	<input type="checkbox"/> <b>Same as above</b>	City	County	State	Zip Code
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Home Phone Number	Cell Phone Number	Work Phone Number
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**\*\*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. The applicant should check the email account during the certification process.\*\***

**\*\*Email Address**

- 1.1 Are you currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Behavioral Health and Developmental Disabilities?  
 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, Georgia Department of Public Safety, or Georgia Department of Behavioral Health and Developmental Disabilities?  
 Yes  No
- 1.5 Are you currently under a contractual agreement to provide services or affiliated with an entity that provides services to the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Behavioral Health and Developmental Disabilities?  
 Yes  No
- 1.6 If you answered "Yes" to any of the questions above, give specific information detailing the company, agency, and job title.  
\_\_\_\_\_  
\_\_\_\_\_

- 1.7 Are you a United States citizen?  
 Yes  No

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



1.8 For RRP Directors ONLY: What program(s) are you directing?

<u>PROGRAM NAME</u>	<u>CERTIFICATION #</u>	<u>LOCATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1.9 For Driver Training Instructors ONLY: What school(s) are you employed by?

<u>SCHOOL NAME</u>	<u>CERTIFICATION #</u>	<u>LOCATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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

**Georgia Department of Driver Services**  
**Regulatory Compliance Division, 2206 East View Parkway, Conyers, GA 30013**  
**CONSENT FOR BACKGROUND INVESTIGATION**

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			

APPLICANT TYPE: (OFFICE USE ONLY)			
<input type="checkbox"/> DUI Risk Reduction	<input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Instructor
<input type="checkbox"/> Driver Improvement	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Driver Training	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Third Party	<input type="checkbox"/> Tester	<input type="checkbox"/> Examiner	
<input type="checkbox"/> Ignition Interlock	<input type="checkbox"/> Owner/Operator		
<input type="checkbox"/> For-hire License Endorsement			
<input type="checkbox"/> Commercial Veh. Training School	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Motorcycle Safety	<input type="checkbox"/> Coach		

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Have you held any other driver's license(s) in the past 5 years?  Yes      No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code

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:**

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**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:



# DRIVER TRAINING INSTRUCTOR PHYSICAL EXAMINATION FORM

This form must be completed by the licensed physician that has examined you within (30) days of filing application. *The Driver Training Instructor Applicant should complete Health History and Instructor's Statement. The Examining Doctor should complete Physical Information, Laboratory Findings, and Doctor's Statement.*

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

## Health History

<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Any illness or injury in last 5 years	<input type="checkbox"/>	<input type="checkbox"/>	Eye disorders or impaired vision (except corrective lenses); Eye injury _____
<input type="checkbox"/>	<input type="checkbox"/>	Head/Brain injuries, disorders or illnesses	<input type="checkbox"/>	<input type="checkbox"/>	Ear disorders, loss of hearing or balance
<input type="checkbox"/>	<input type="checkbox"/>	Seizures, epilepsy Medication _____	<input type="checkbox"/>	<input type="checkbox"/>	Heart disease or heart attack; other cardiovascular condition Medication _____
<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure Medication _____	<input type="checkbox"/>	<input type="checkbox"/>	Heart surgery (valve replacement/bypass, angioplasty, pacemaker)
<input type="checkbox"/>	<input type="checkbox"/>	Muscular disease	<input type="checkbox"/>	<input type="checkbox"/>	Fainting, dizziness
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Stroke or paralysis
<input type="checkbox"/>	<input type="checkbox"/>	Lung disease, emphysema, asthma, chronic bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Spinal injury or disease
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease, dialysis	<input type="checkbox"/>	<input type="checkbox"/>	Chronic low back pain
<input type="checkbox"/>	<input type="checkbox"/>	Liver disease	<input type="checkbox"/>	<input type="checkbox"/>	Regular, frequent alcohol use
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or elevated blood sugar controlled by: <input type="checkbox"/> Diet <input type="checkbox"/> Pills <input type="checkbox"/> Insulin	<input type="checkbox"/>	<input type="checkbox"/>	Nervous or psychiatric disorders e.g., severe depression Medication _____

Other illness or injuries: \_\_\_\_\_

## Physical Information

### General appearance and development:

Good           Fair           Poor

Height: _____	Weight: _____
Eyes for Distance (without glasses/contacts):	Right 20 / _____ Left 20 / _____
Eyes for Distance (with glasses/contacts):	Right 20 / _____ Left 20 / _____
Color Vision: _____	Horizontal Field of Vision: Right: _____ Left: _____
Ears (Hearing @ 20 ft.):	Right: _____ Left: _____

<u>Yes</u>	<u>No</u>	<u>Body System:</u>	<u>Check For:</u>
<input type="checkbox"/>	<input type="checkbox"/>	General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.
<input type="checkbox"/>	<input type="checkbox"/>	Eyes	Papillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.
<input type="checkbox"/>	<input type="checkbox"/>	Ears	Middle ear disease, occlusion of external canal, perforated eardrums.
<input type="checkbox"/>	<input type="checkbox"/>	Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing
<input type="checkbox"/>	<input type="checkbox"/>	Heart	Murmurs, extra sounds, enlarged heart, pacemaker, ICD.
<input type="checkbox"/>	<input type="checkbox"/>	Lungs and chest, not breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal finding on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruit, hernia, significant abdominal wall muscle weakness.
<input type="checkbox"/>	<input type="checkbox"/>	Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.
<input type="checkbox"/>	<input type="checkbox"/>	Genito-urinary system	Hernias.
<input type="checkbox"/>	<input type="checkbox"/>	Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.
<input type="checkbox"/>	<input type="checkbox"/>	Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.
<input type="checkbox"/>	<input type="checkbox"/>	Extremities – Limb Impaired	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.

Comments: \_\_\_\_\_

**Laboratory Findings:**

Urine: Spec. Gr.: \_\_\_\_\_ Protein: \_\_\_\_\_ Sugar: \_\_\_\_\_  
 Blood Pressure (Sitting): Systolic: \_\_\_\_\_ Diastolic: \_\_\_\_\_  
 Pulse: Before Exercise: \_\_\_\_\_ After Exercise: \_\_\_\_\_

**Instructor's Statement:** I affirm that all medical questions were answered honestly and to the best of my knowledge.

\_\_\_\_\_  
 Signature of Driver Training Instructor Applicant

\_\_\_\_\_  
 Date

**Doctor's Statement:**

**I affirm that I have examined \_\_\_\_\_ on \_\_\_\_\_ (exam date)  
 and found his/her physical condition sufficiently sound to perform the duties required of a Driver Training Instructor.**

\_\_\_\_\_  
 Printed Name of Examining Doctor

\_\_\_\_\_  
 Street Address of Examining Doctor

\_\_\_\_\_  
 Signature of Examining Doctor

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

Examining Doctor's Telephone No.: \_\_\_\_\_

## **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.

- **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 Driver Endorsement**
- **Commercial Vehicle Driver Training School Owner/Instructor/Tester/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, you should not start this fingerprinting process until you have submitted a certification application to DDS.** 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>.

### **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.