Driver Training Instructor Checklist

☐ All applicants must sign the Statement of Completion at the bottom of this page and include with the application.
☐ All applicants must complete all sections of the application.
☐ Submit an application fee of $5.00, in the form of a money order, certified check, or cashier's check, made payable to Georgia Department of Driver Services.
☐ Submit an examination fee of $25.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services. Neither fee nor examination are required if applicant submits a valid Georgia teaching certificate reflecting certification in Safety and Driver Education. Certificate must be valid. If you do not have such certificate, an examination fee of $25.00 is required.
☐ All applicants 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).
☐ All applicants must submit a notarized Consent for Background Investigation. (Form # RC-900)
☐ Submit a lab report, from an accredited lab, showing the results for a 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 phenycyclidine.
☐ Submit a Physical Examination Form completed and signed by your doctor within 30 days of filing application. (Form # RC-DT-201)
☐ Submit a notarized statement from the owner of the driver training school that the applicant is or will be employed by the school.
☐ 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.

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.

STATEMENT OF ACKNOWLEDGEMENT

I understand that all requirements must be met and all documents submitted prior to attending the Driver Training Instructor class. I will be notified of my training date after my application has been approved. Reservations for training classes are required prior to each class. I understand that the average time it may take to process my application is 30 days.

Printed Name

Legal Signature

Date

Please submit application, fees and all supporting documents to:
Georgia Department of Driver Services
Attn: Regulatory Compliance Division
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 New Driver Training Instructor Application are:

- Notarized Consent for Background Investigation Form (Form # RC-900)
- Georgia Applicant Processing System (GAPS), the fingerprint-based background check
- Authorization Letter/Notarized Statement from the School
- Drug Screen Lab Report from an Accredited Lab
- Applicant’s Signature on the Physical Examination Form

NOTE: Incomplete applications or applications lacking the necessary paperwork will result in your application not being processed or create a delay in processing time.
**Driver Training Instructor Application**

**SECTION 1: School Information**

1.1 Indicate, in the space provided below, the full name of the driver training school where you will be employed.

**SECTION 2: Applicant Information**

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

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

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

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Cell Phone Number</th>
<th>Work Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**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**

2.1 Have you been fingerprinted within the past six (6) months for any other DDS Program (i.e. risk reduction, driver improvement)?

☐ Yes ☐ No

2.1.1 If you answered "Yes" to question 2.1, indicate in the space provided below the program(s) for which you were fingerprinted and the date(s).

<table>
<thead>
<tr>
<th>Program(s)</th>
<th>Dates(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

2.2 Are you currently, or have you ever been, certified as a driver training school owner or instructor in the state of Georgia?

☐ Yes ☐ No

2.2.1 If you answered "Yes" to question 2.2, list your certification number:

__________________________________________________________________________

2.3 Are you currently, or have you ever been, certified by the Department of Driver Services as a risk reduction or driver improvement owner or instructor, or an ignition interlock operator, or an alcohol and drug awareness (ADAP) instructor?

☐ Yes ☐ No

2.3.1 If you answered "Yes" to question 2.3, indicate your certification type(s) and certification number(s):

__________________________________________________________________________

RC-DT-200 (04/15)
SECTION 3: Applicant Qualifications

3.1 Are you a United States citizen?
   ☐ Yes ☐ No

   3.1.1 If you answered "No" to question 3.1, can you provide proof of lawful status to be in the United States?
   ☐ Yes ☐ No

NOTE: Acceptable proof of citizenship or lawful status may be required.

3.2 Are you currently employed with 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.

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 instructor 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
PHYSICAL EXAMINATION FORM

A separate copy of an official laboratory report for a drug screening must be attached to this Physical Examination Form. Drug screen should include, as a minimum: amphetamines, cocaine metabolites, marijuana metabolites, opiates, and phencyclidine. Physical and drug screen must be administered within thirty (30) days of filing application.

Name: ____________________________  ____________________________  ____________________________
(First)  (Middle)  (Last)

Address: ____________________________  ____________________________  ____________________________
(Street)  (City)  (State)  (Zip Code)

Date of Birth: ____________________________  ____________________________  ____________________________
(Month)  (Day)  (Year)

Health History

Yes  No  Yes  No
☐ ☐ Any illness or injury in last 5 years  ☐ ☐ Eye disorders or impaired vision (except corrective lenses)

☐ ☐ Head/Brain injuries, disorders or illnesses  ☐ ☐ Ear disorders, loss of hearing or balance

☐ ☐ Seizures, epilepsy  ☐ ☐ Heart disease or heart attack; other cardiovascular condition
Medication ____________________________

☐ ☐ High blood pressure  ☐ ☐ Heart surgery (valve replacement/bypass, angioplasty, pacemaker)
Medication ____________________________

☐ ☐ Muscular disease  ☐ ☐ Fainting, dizziness

☐ ☐ Shortness of breath  ☐ ☐ Stroke or paralysis

☐ ☐ Lung disease, emphysema, asthma, chronic bronchitis  ☐ ☐ Spinal injury or disease

☐ ☐ Kidney disease, dialysis  ☐ ☐ Chronic low back pain

☐ ☐ Liver disease  ☐ ☐ Regular, frequent alcohol use

☐ ☐ Diabetes or elevated blood sugar controlled by:
☐ Diet  ☐ Pills  ☐ Insulin  ☐ 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 /

Evidence of eye injury:
Right: ____________________________
Left: ____________________________

Color Vision: ____________________________  Horizontal Field:
Right: ____________________________
Left: ____________________________

Ears (Hearing @ 20 ft.):
Right: ____________________________
Left: ____________________________
**Check For:**

- **Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.**
- **Papillary equality, reaction to light, accommodation, ocular mobility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.**
- **Middle ear disease, occlusion of external canal, perforated eardrums.**
- **Irremediable deformities likely to interfere with breathing or swallowing.**
- **Murmurs, extra sounds, enlarged heart, pacemaker.**
- **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.**
- **Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.**
- **Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.**
- **Hernias.**
- **Previous surgery, deformities, limitation of motion, tenderness.**
- **Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.**
- **Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limb 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.**

**Laboratory Findings:**

- **Urine:** Spec. Gr.: [ ] Protein: [ ] Sugar: [ ]
- **Blood Pressure (Sitting):** Systolic: [ ] Diastolic: [ ]
- **Pulse:** Before Exercise: [ ] Two Minutes After Exercise: [ ]

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

__________________________ Date
Signature of Driver Training Instructor

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**Doctor's Statement:**

I affirm I have examined ______________________ ______________________ on ______________________ (date)

and find his or her physical condition sufficiently sound to perform the duties required of a Driver Training Instructor.

__________________________ Street Address of Examining Doctor
Printed Name of Examining Doctor

__________________________ City State Zip
Signature of Examining Doctor

__________________________
Doctor or Facility Telephone No.: ______________________
OFFICE USE ONLY

OFFICE USE ONLY

OFFICE USE ONLY

OFFICE USE ONLY

OFFICE USE ONLY

OFFICE USE ONLY

OFFICE USE ONLY

APPLICANT TYPE: (OFFICE USE ONLY)

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

- □ Owner
- □ Owner
- □ Owner
- □ Tester
- □ Owner/Operator
- □ Owner
- □ Coach

- □ Director
- □ Instructor
- □ Examiner

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: __________________________

Do you hold any other driver’s license(s)?
Yes □ No □

If so, list state(s) and license number(s):

Company: ________________________________

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:

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:

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/Directors/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.cognitid.com](http://www.qa.cognitid.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.cognitid.com/index.htm](http://www.qa.cognitid.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:
  - 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.