



## Ignition Interlock Device Provider Center Operator Checklist

- Prior to submitting this application, all applicants must complete the “Prerequisites of Opening a Driver Safety Program in Georgia” online training. This training can be downloaded from the Training Opportunities section of the Regulated Programs home page.
- All applicants—including partners, corporate officers and/or controlling stockholders—must sign the Statement of Completion at the bottom of this page and include with the application.
- All applicants—including partners, corporate officers and/or controlling stockholders—are required to complete all sections of the application with the exception of Section 1, which only needs to be completed once. You may photocopy these sections accordingly.
- 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).
- All applicants—including partners, corporate officers and/or controlling stockholders—must submit a notarized Consent for Background Investigation Form. You may photocopy this form as necessary. (Form # RC-900)
- Submit proof of a continuous surety bond from a surety bonding company authorized to conduct business in the state of Georgia in the principal sum of \$10,000 for each provider center location. The following information and provisions must be included on the bond: full legal name and trade name of the provider center; the physical location covered by the bond; the effective date of the bond; surety bonding company contact information; and a statement that the bond is continuous; the Department of Driver Services listed as the obligee; and a 30-day cancellation clause. Owners with multiple locations may submit one aggregate bond provided the locations are listed separately and the bond reflects coverage of \$10,000 per location.
- All applicants—including partners, corporate officers and/or controlling stockholders—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 certificate of general liability policy of insurance, including products and completed operations, with not less than \$50,000 of combined single limits with an issuance carrier authorized to write policies in the state of Georgia. The Georgia Department of Driver Services shall be listed as certificate holder and such certificate shall stipulate that the insurance shall not be canceled except upon ten days prior written notice to the Department.
- Submit an application fee of \$250.00, in the form of a money order, certified check, or cashier’s check, made payable to the Georgia Department of Driver Services.
- If incorporated, submit a copy of the Certificate of Incorporation from the Secretary of State; *or*
- Submit a copy of the adopted business name form that you have registered with the County Clerk’s office where your business is located. The notarized certification that is required by our department is obtained from the County Clerk of the Superior Court. (Form # RC-700)
- Submit a copy of the agreement between the manufacturer and the ignition interlock device provider center. The agreement must have been signed within the past year.
- Submit a copy of all forms, contracts, agreements and receipts that will be furnished to customers, to include but not limited to all verbal and written training materials. All forms and contracts must be pre-numbered and list the provider center name, address, phone # and have a placeholder for a DDS certification #.
- Submit proof of a fire code inspection of the provider center location, completed by a fire department or fire marshall, dated within 90 days of filing the application, and showing no violations.
- Submit a copy of the provider center’s business license.
- Submit the provider center’s Standard Business Hours. (Form # RC-800)

### 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 & all supporting documents to:  
Georgia Department of Driver Services  
Attn: Regulatory Compliance Division  
2206 Eastview 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 Ignition Interlock Provider Application are:***

- Completion of “Prerequisites of Opening a Driver Safety Program in Georgia” online training. This training can be downloaded from the Training Opportunities section of the Regulated Programs home page.
- Executed Surety Bond Form
- Certificate of Liability Insurance
- Manufacturer’s Agreement signed by both parties
- Notarized Trade Name Form that has been registered with County Clerk’s Office
- Completed application for each owner/corporate officer
- Notarized Consent for Background Investigation Form for each owner/corporate officer (Form # RC-900)
- Georgia Applicant Processing System (GAPS), the fingerprint-based background check for each owner/corporate officer

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



## *Ignition Interlock Device Provider Center Operator Application*

### *SECTION 1: Provider Center Information*

Full Legal Name of the Provider Center

Trade name/DBA, if applicable

Physical Address	City	County	State	Zip Code
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Mailing Address	<input type="checkbox"/> Same as above	City	County	State	Zip Code
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Provider Center Telephone Number	Provider Center Facsimile Number
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Provider Center Email Address	Provider Center Website
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Contact Name	Title	Phone Number	Email Address	<input type="checkbox"/> Same as above
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**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** Will this provider center be a corporation or limited liability company?

Yes  No

**1.1.1** If you indicated "Yes" to question 1.1, have you applied for and successfully obtained a Certificate of Incorporation or Certificate of Authority from the Georgia Secretary of State?

Yes  No

**1.1.2** If yes, list the names of all officers or controlling stockholders.

Name	Title/Position	Interest Held

**1.2** Will this provider center be jointly owned (partnership)?

Yes  No

**1.2.1** If yes, list the names of all partners/owners.

Name	Title/Position



1.3 Will the provider center have mobile units?

Yes  No

1.3.1 If you indicated "Yes" to question 1.3, indicate what counties will be serviced by mobile units.

1.4 Check the certified ignition interlock device manufacturer(s) and model number(s) you are authorized to install:

<u>Manufacturer</u>	<u>Model #</u>
<input type="checkbox"/> Alcohol Detection Systems	DM904
<input type="checkbox"/> Alcohol Detection Systems	Determinator 2
<input type="checkbox"/> A Simple Interlock, LLC	Co-Pilot™
<input type="checkbox"/> AutoSense International	Alco-Lock III
<input type="checkbox"/> B.E.S.T. Labs, Inc.	FR9000
<input type="checkbox"/> Consumer Safety Technology, Inc.	1001-A
<input type="checkbox"/> Draeger Safety Diagnostics, Inc.	Drager Interlock® XT
<input type="checkbox"/> Guardian Interlock System	AMS 2000
<input type="checkbox"/> LifeSafer Interlock	FC 100
<input type="checkbox"/> LifeSafer Interlock	SC 100
<input type="checkbox"/> Smart Start	SSI-1000
<input type="checkbox"/> Smart Start	SSI 20/20
<input type="checkbox"/> Smart Start	SSI 20/30

**SECTION 2: Applicant Information**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Suffix                      Title/Position

\_\_\_\_\_  
Date of Birth                      Drivers License #                      State of Issuance                      Social Security #

\_\_\_\_\_  
Home Address                      City                      County                      State                      Zip Code

\_\_\_\_\_  
Mailing Address       Same as above                      City                      County                      State                      Zip Code

\_\_\_\_\_  
Primary Phone Number                      Secondary Phone Number

\_\_\_\_\_  
Email address

2.1 Have you been fingerprinted within the past six (6) months for any other DDS Program (i.e. Driver Training, Driver Improvement, or Risk Reduction)?

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).

\_\_\_\_\_  
Program(s)                      Date(s)



**2.2** Are you currently, or have you ever been, certified as an ignition interlock device provider center operator, 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, driver improvement or driver training owner or instructor, 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):

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### **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 or Georgia Department of Behavioral Health and Developmental Disabilities?

Yes  No

**3.3** Do you have any immediate family members that are currently employed with the Georgia Department of Driver Services or Georgia Department of Behavioral Health and Developmental Disabilities?

Yes  No

**3.4** 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

**3.4.1** If you answered "Yes" to question 3.4., please list the nature of the contractual agreement and the entity if applicable:

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**3.5** Are you currently employed as a judge, public or private probation officer, public or private probation employee or agent, law enforcement or peace officer, or employee of a court in this or any other state?

Yes  No

**3.6** Do you have any immediate family members that are employed as a judge, public or private probation officer, public or private probation employee or agent, law enforcement or peace officer, or employee of a court in this or any other state?

Yes  No

**3.7** 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

**3.7** 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 submit all reports and information as specified in the DDS rules and regulations, and will allow the examination and audit of the books, records, and financial statements of the ignition interlock device provider center by the Department of Driver Services.

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

The ignition interlock device provider center complies with the requirements set forth by the Americans with Disabilities Act of 1990.

*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

# SURETY BOND FOR IGNITION INTERLOCK PROVIDER CENTER

Bond # \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS:** That we,

\_\_\_\_\_  
(Name of Provider Center Including the Legal Name and any D/B/A Name)

as Principal, and \_\_\_\_\_  
(Full Name of Insurance Company)

a corporation or partnership organized and existing under the laws of the State of \_\_\_\_\_

**and authorized to do business in the State of Georgia, as Surety, are hereby held and firmly bound unto the State of Georgia, for use and benefit of all interested persons, injured by any breach of the conditions of this obligation, in the sum of TEN THOUSAND (\$10,000) DOLLARS lawful money of the United States of America, for the payment of which sum, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.**

**SEALED WITH** our seals and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH THAT:**

**WHEREAS**, the above mentioned Principal has made application to the DEPARTMENT OF DRIVER SERVICES for a certificate to operate an IGNITION INTERLOCK PROVIDER CENTER under the provisions as set out in Georgia Law O.C.G.A. 43-12A-1; representing by said application and by these presents, that all the statements set forth in said application and all of the written evidence or other probative matter filed in connection with such application, are true; and obligating itself and its agents to faithful compliance with all provisions of Georgia Law O.C.G.A. 43-12A-1 as now or hereafter amended, and any and all regulations and orders issued or hereafter to be issued by the DEPARTMENT OF DRIVER SERVICES and specifically with Georgia Law, O.C.G.A. 43-12A-4, Paragraph (3), for the protection of the contractual rights of individuals required to maintain an ignition interlock device who enter into the annexed contract with:

\_\_\_\_\_  
(Name of Ignition Interlock Provider Center and Full Location Address)

**WHEREAS**, a copy of the contract of the Principal is hereby attached and made a part of this undertaking.

**NOW, THEREFORE**, if said Principal shall in all things well and truly perform, fulfill, comply with and observe all and singular the above named conditions, representations and obligations, then this obligation shall be null and void; otherwise to be and remain in full force and effect, provided, however, that the aggregate liabilities recoverable against such bonds shall not exceed the sum of TEN THOUSAND (\$10,000) DOLLARS regardless of the number of claimants.

**IN WITNESS HEREOF**, said Principal has hereunto set its hand and seal and the said Surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

ATTEST:

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Witness Countersigned

\_\_\_\_\_  
Name

\_\_\_\_\_  
Resident Agent of Georgia

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address of Resident Agent

By: \_\_\_\_\_  
Attorney-in-Fact

\_\_\_\_\_  
Telephone Number



# Standard Business Hours

## Risk Reduction Program Hours of Operation

**Ga. Admin. Comp. Chapter 375-5-6-.19** Each program shall maintain business hours of at least fifteen (15) hours per week.

## Driver Improvement Clinic Hours of Operation

**Ga. Admin. Comp. Chapter 375-5-1-.10 (d)** A clinic shall maintain business hours of at least fifteen (15) hours per week, half of which must fall within the Department's normal business hours. An employee of the clinic must be available during this time to furnish information of operation, verify attendance to a class, or to produce the necessary records or documents whenever requested by a member of the Department. The clinic may close for a lunch hour at a set time, upon notice to the Department of the scheduled lunch hour. Each clinic is responsible for notifying the Department of times during which the business office of the clinic will be closed for lunch or vacation and of the regularly scheduled hours of operation of the business office.

## Driver Training School Hours of Operation

**Ga. Admin. Comp. Chapter 375-5-2-.11 (h)** A driver training school shall maintain business hours of at least fifteen (15) hours per week, half of which must fall within the Department's normal business hours. An employee of the driver training school and/or limited driver training school must be available during this time to furnish information of operation, verify attendance to a class, or to produce the necessary records or documents whenever requested by a member of the Department. The school may close for a lunch hour at a set time upon notice to the Department of the scheduled lunch hour. The school shall be responsible for notifying the Department of those times during which the business office will be closed for lunch or vacation and of the regularly scheduled hours of operation of the business office.

## Commercial Motor Vehicle Driver Training School Hours of Operation

**Ga. Admin. Comp. Chapter 375-5-3-.15 (1)** Every commercial driver training school shall maintain the following 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.

## Ignition Interlock Device Provider Center Hours of Operation

**Proposed Rule:** Maintain a place where the ignition interlock device provider center will be located which is easily accessible and open during pre-established daily business hours. Provider centers shall maintain daily business hours of at least four hours per day, between the hours of 8:00 a.m. and 8:00 p.m., five days per week.

### Hours of Operation:

Indicate below your program's intended hours of operation.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Open	Time Open	Time Open	Time Open	Time Open	Time Open	Time Open
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Time Closed	Time Closed	Time Closed	Time Closed	Time Closed	Time Closed	Time Closed

**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 #: \_\_\_\_\_



**APPLICATION TO REGISTER A BUSINESS TO BE CONDUCTED  
UNDER A TRADE NAME/ADOPTED BUSINESS NAME**

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY ARE  
CONDUCTING A BUSINESS AT \_\_\_\_\_  
(STREET ADDRESS)

IN THE CITY OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, IN THE  
STATE OF GEORGIA UNDER THE TRADE NAME:

\_\_\_\_\_

THE NATURE OF SAID BUSINESS IS \_\_\_\_\_

SAID BUSINESS IS COMPOSED OF THE FOLLOWING PERSON(S) OR CORPORATION

<u>NAME(S)</u>	<u>ADDRESS (ES)</u>
_____	_____
_____	_____
_____	_____
_____	_____

THIS AFFIDAVIT IS MADE IN ACCORDANCE WITH THE ACT OF THE GEORGIA  
LEGISLATURE APPROVED AUGUST, 1929, AMENDED MARCH, 1937 AND MARCH, 1943.

SWORN TO AND SUBSCRIBED BEFORE ME \_\_\_\_\_  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

This form is provided by the DDS as a sample and may be used by the Clerk of Superior Court. In no way is the Clerk of Superior Court required to use this form.

**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
Do you hold any other driver's license(s)?  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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a charge(s) or a court hearing pending, or are you under indictment or accusation for any crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 _____
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**THIS CONSENT FORM MUST BE NOTARIZED**

Subscribed to and sworn before me: _____	SEAL OR STAMP
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Notary Signature _____	Date _____
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My commission expires: \_\_\_\_\_

## [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.ga.cogentid.com](http://www.ga.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.ga.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.