



## Program Name Change Application

**NOTE: School names are limited to two special characters or punctuation marks AND two numerical digits. Names cannot contain emoticons.**

- All applicants—including owners, partners, corporate officers, and/or controlling stockholders—must sign the Statement of Completion at the bottom of this page and include with the application. You may photocopy pages as necessary.
- All applicants—including owners, partners, corporate officers, and/or controlling stockholders—must sign the Applicant Affirmation (Section 2) and include with the application. You may photocopy pages as necessary.
- Submit a surety bond rider amending the program name. A separate surety bond rider is required for each certified program.
- Submit a copy of the updated program business license. Business licenses are required for each location.
- Submit revised copies, showing the new program name, of all student contracts, forms and materials furnished to students.
- If incorporated, submit a copy of the Certificate of Incorporation from the Secretary of State; **OR**
- Submit a copy of the updated trade 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 Clerk of the Superior Court. (Form # RC-700).
- Driver Training Schools and Ignition Interlock Programs:*** Submit Certificate of Liability updated to reflect new name.
- Driver Improvement Clinics:*** Submit Curriculum Certificate reflecting new name.
- Third Party Testers:*** Submit Third Party Tester Agreement reflecting new name.

### STATEMENT OF COMPLETION

I hereby certify that this application includes all documents 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.

Printed Name

Legal Signature

Date

**Please submit application and 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.**





1.7 Does the name change affect more than one program location?

Yes  No

1.7.1 If yes, list the physical address and program certification #'s for each location. Indicate if any of the programs are satellite locations. Include a separate page if additional space is needed.

Physical Address                      City                                      State                      County                      Zip Code                      Certification #'s                      Satellite?

Physical Address                      City                                      State                      County                      Zip Code                      Certification #'s                      Satellite?

Physical Address                      City                                      State                      County                      Zip Code                      Certification #'s                      Satellite?

1.8 Have you reviewed the applicable program rules and regulations to ensure the new name complies with the requirements?

Yes  No

1.9 Is the name change associated with a change in ownership, partners, or the corporation of the entity originally certified by the Department of Driver Services?

Yes  No

1.9.1 If you answered "Yes" to question 1.9, provide details of the change: \_\_\_\_\_

**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 have reviewed and complied with all program rules and regulations related to this name change.

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 and records by the Department of Driver Services.

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

**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.