



CDL Program Relocation Application

- 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 this form as necessary.
- Submit a surety bond rider amending the program address to reflect the new facility address. A separate surety bond rider is required for each certified program.
- Submit proof of a fire code inspection of the facility, completed by a fire department or fire marshal, dated within 90 days of filing the application, and showing no violations.
- Submit a copy of the updated program business license.
- Submit program’s Standard Business Hours. (Form # RC-800)
- Submit copies of all student contracts, forms and materials furnished to students complete with new facility address and phone number.
- Submit a copy of Certificate of Liability Insurance showing proof of commercial liability and property damage insurance coverage, with the new address
- 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).
- Third Party Tester: Agreement reflecting new address and road skills test routes (primary and alternate).

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: CDL Compliance Unit
2206 Eastview Parkway
Conyers, Georgia 30013**

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



SECTION 1: Program Information

1.1 Name of program as it is certified by the Department of Driver Services:

Full Legal Name

Trade Name/DBA, if applicable (Please list all names associated with this facility.)

1.2 Which programs will the relocation affect? Provide certification #.

CMV Driver Training # _____

1.3 Indicate the services this facility will offer:

Classroom and office with full operating hours Classroom only Office only

1.3.1 If classroom only services are indicated in question 1.3, list the principal location where the records will be maintained.

Program Name	Program Certification #	Address
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1.4 Provide the address of CURRENT facility:

School Physical Address	City	State	County	Zip Code
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Mailing Address	<input type="checkbox"/> Same as above	City	State	County	Zip Code
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Classroom Address	<input type="checkbox"/> Same as physical	City	State	County	Zip Code
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1.5 Provide the address of NEW facility:

School Physical Address	City	State	County	Zip Code
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Mailing Address	<input type="checkbox"/> Same as above	City	State	County	Zip Code
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Classroom Address	<input type="checkbox"/> Same as physical	City	State	County	Zip Code
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1.6 Provide the contact information for the NEW facility:

Primary Phone Number	Facsimile Number
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Program Email Address	Program Website
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Contact Name	Title	Phone Number
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A secure, individual email address only accessible to the applicant(s) must be provided. The Department will use this email address for official purposes. Please make sure to check the email account during the certification process.

**Email Address



1.7 What is the proposed effective date of the relocation? A minimum 30-day notice to the Department is required.

Date: _____

1.8 Have you reviewed the applicable program rules to ensure the new facility meets the minimum requirements?

Yes No

1.8.1 Does the new facility meet the minimum requirements for all classroom accommodations, including minimum space, equipment, privacy, and restroom requirements?

Yes No

1.8.2 Does the new facility meet the minimum requirements for all office requirements, including privacy accommodations, if applicable?

Yes No

1.8.3 Does the new facility comply with the requirements set forth by the Americans with Disabilities Act (ADA)?

Yes No

1.9 Is this relocation associated with a change in ownership, partners or the corporation?

Yes No

1.9.1 If you answered "Yes" to question 1.9, provide detail of the change: _____

1.10 Has there been a change in ownership, partners or the corporation of the entity originally certified by the Department of Driver Services?

Yes No

1.10.1 If you answered "Yes" to question 1.10, 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 related to this relocation and understand the facility must be inspected by the Department of Driver Services.

I will further understand the facility must pass the inspection conducted by the Department of Driver Services before any services can be offered at the facility.

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 relocation. 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

RC-PR-100 (08/20)

Program Relocation Application

**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

NAME(S)

ADDRESS(ES)

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.



Standard Business Hours

CDL Third Party School System/Company Hours of Operation

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

Important Note: Facilities approved to operate more than one program must establish hours of operation that will satisfy at least the minimum requirements for each of the programs.

Example: If a facility offers driver improvement and CDL programs, the hours must meet the more stringent requirements of the CDL program and maintain the minimum operation hours of 8:30 a.m. to 4:30 p.m., Monday to Friday.

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 #: _____