



Recertification Checklist for CDL Third Party Tester

- All** applicants-including partners and corporate officers-must sign the Statement of Completion at the bottom of this page and include it with the application.
- Section 1 should be completed only once for each program application.
- All** applicants-including partners and corporate officers-must complete Sections 2 and 3 of the application. You may photocopy these sections accordingly.
- All** applicants-including partners and corporate officers-must submit a notarized Consent for Background Investigation. You may photocopy this form as necessary. (Form # RC-900)
- All** applicants - 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 copy of the continuation certificate for the surety bond currently on file.
- Submit a list of all examiners, associated with the program.
- 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 <https://www.aps.gemalto.com/ga/ondex.htm>. All applicants must use the Georgia Applicant Processing System (GAPS). *If you have been fingerprinted for any other Regulatory Compliance Division certification within the past six months, please provide the date of fingerprinting: _____*
- If applicable, submit a list of commercial vehicles to be used by the school. *(Not applicable for BOE locations)*
- If applicable, submit a copy of a Certificate of Liability Insurance showing proof of commercial liability and property damage insurance coverage on the commercial driver training vehicles.
- Privately Owned schools: If applicable, submit a list of MOU’s with external entities.
- Submit the school’s Standard business hours. (Form# RC-CDL 800)
- Submit a signed Third-Party Testing/Examiner Agreement, which will be provided by the Department after the application has been approved.

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 and all supporting documents to:
Georgia Department of Driver Services
Attn: CDL Compliance Unit
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 Program/ School/ Provider Recertification Application are:

Commercial Vehicle Third Party Tester

- Surety Bond Continuation Form
- Current Certificate of Liability Insurance with vehicle information listed.
- Completed application for each stakeholder/ partner
- Notarized Consent for Background Investigation Form for each stakeholder/ partner (Form # RC-900)
- Georgia Applicant Processing System (GAPS), the fingerprint-based background check for each stakeholder/ partner
- List of examiners and commercial vehicles associated with the school.(Not applicable for BOE's)

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



CDL Third Party Tester Recertification Application

SECTION 1: School Information

Cert. # _____
 Exp. Date _____ Exp. Date _____ Exp. Date _____ Exp. Date _____ Exp. Date _____

Full Legal Name of School _____

Trade Name/DBA, if applicable _____

Physical Address _____ City _____ County _____ State _____ Zip Code _____

Mailing Address Same as above _____ City _____ County _____ State _____ Zip Code _____

Classroom Address Same as physical _____ City _____ County _____ State _____ Zip Code _____

Program Telephone Number _____ Program Facsimile Number _____

Program Email Address _____ Program Website _____

Contact Name _____ Title _____ Phone Number _____ Email Address Same as above

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 Indicate the services this facility offers:

Classroom and office with full operating hours

1.1.1 If classroom only services are indicated in 1.1, list the principal program location where the records are maintained:

1.2 List the name of the curriculum taught for this program: _____

1.3 List the full name of all owner, partners, officers or controlling stockholders.

Name	Title/Position	Interest Held

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

Yes No

1.4.1 If you answered "Yes" to question 1.4, provide details of the change: _____



SECTION 2: Applicant Information

Last Name	First Name	Middle Name	Suffix	Title/Position
Date of Birth	Driver's License #	State of Issuance	Social Security #	
Mailing Address	City	County	State	Zip Code
Primary Phone Number	Secondary Phone Number	Email address		

- 2.1 Are you currently employed with by the Georgia Department of Driver Services?
 Yes No
- 2.2 Do you have a spouse, dependent, stepchild or dependent adopted child that is currently employed with the Department of Driver Services?
 Yes No
- 2.3 Are there any criminal charges currently pending against you?
 Yes No

2.3.1 If you answered "Yes" to question 2.3, please provide the nature of the charges below.

Charge	State and County	Date
Charge	State and County	Date

- 2.4 Are you a United States citizen?
 Yes No
- 2.4.1 If you answered "No" to question 2.4, can you provide proof of lawful status to be in the United States? Acceptable proof of citizenship or lawful status is required and must be submitted with the application.
 Yes No

SECTION 3: 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. 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 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 program 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



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						
Lunch						
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 #: _____

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

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND DRIVING HISTORY <input type="checkbox"/> Pass <input type="checkbox"/> Fail CRIMINAL HISTORY <input type="checkbox"/> Pass <input type="checkbox"/> Fail	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"/>
<input type="checkbox"/> Driver Training	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	<input type="checkbox"/>
<input type="checkbox"/> Non-Commercial Third Party	<input type="checkbox"/> Tester	<input type="checkbox"/> Examiner	<input type="checkbox"/>
<input type="checkbox"/> CDL Third Party	<input type="checkbox"/> Tester	<input type="checkbox"/> Examiner	<input type="checkbox"/>
<input type="checkbox"/> Ignition Interlock	<input type="checkbox"/> Owner/Operator	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Commercial Veh. Training School	<input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Instructor
<input type="checkbox"/> Motorcycle Safety	<input type="checkbox"/> Rider Coach	<input type="checkbox"/> Rider Coach Trainer	<input type="checkbox"/> Private Site Manager
<input type="checkbox"/> For-hire License Endorsement			

Last Name	First Name	Middle	Phone Number
Driver's License Number (Include ALL zeros)	DL Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Have you held any driver's license from another state in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, list state(s) and license number(s) Phone Number	Phone Number
Program/School Name (if applicable)			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 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 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:

<u>Offense</u>	<u>Date</u>	<u>City/State</u>
_____	_____	_____

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.

_____ Applicant Signature	_____ Date
------------------------------	---------------

THIS CONSENT FORM MUST BE NOTARIZED

Subscribed to and sworn before me:	Seal or Stamp
------------------------------------	---------------

_____ Notary Signature	
_____ Date	

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 use the **Georgia Applicant Processing System (GAPS)** to satisfy the statutorily required national and state fingerprint-based criminal history check.

- **Commercial Vehicle Driver Training School Owner**
- **Commercial Vehicle Driver Training Instructor**
- **CDL Third Party Tester**
- **CDL Third Party 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, an approval from DDS is required prior to fingerprinting. The applicant must submit the required application and then register with GAPS for fingerprinting. This approval will be done electronically through the Gemalto site by DDS after a complete application is received in the CDL Compliance Division. Provided the applicant has registered for fingerprinting, Gemalto will notify them of the registration approval and to proceed to the specified location to complete the process. Please understand this approval procedure cannot be circumvented. 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>. If you have any questions, please feel free to contact the CDL unit at 678-413-8426 Linda or 678-413-8427 Brandy.

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.