



CDL Third Party Tester Checklist

PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED

- All applicants (the local person(s) designated by school/company for overseeing the testing program and responsible for the operation of the program) 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 must complete Sections 2 and 3 of the application. You may photocopy these sections accordingly.
- All applicants 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 an Executed Surety Bond Form with principal sum of \$10,000 for each location Form # RC-CDL-DTSB (**Governmental entities are exempt from meeting this requirement**).
- Submit a Certificate of Liability Insurance showing proof of commercial liability and property damage insurance coverage, on the driver training vehicles, in an amount of at least \$100,000/\$300,000/\$50,000. The insurance company must be licensed and authorized to conduct business in the state of Georgia. The certificate holder must be the Georgia Department of Driver Services. (**Governmental entities are exempt from meeting this requirement**).
- Submit a list of all examiners, associated with the testing 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. 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.*
- Submit a list of commercial vehicles to be used by the school/ company. (**Not applicable for BOE locations**)
- Submit a copy of prior Annual Vehicle Inspection Reports for testing vehicles.
- Submit U.S. DOT Number. All commercial vehicles with a GVWR over 10,000 lbs. must have a U.S. Dot number. The DOT number can be obtained by calling FMCSA: 1-800-832-5660.
- Submit documentation of current DOT Safety Rating
- Submit the school's Standard Business Hours. (Form # RC-CDL-800)
- Submit a signed Third Party Testing Agreement.

**Note: The CDL TPT Agreement will be provided by the Department after the application has been approved.*

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 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 CDL Unit
2206 East View Parkway
Conyers, Georgia 30013

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



CDL Third Party Tester Application

SECTION 1: Applicant Information

Full Name of School System/ Company _____

Names of Person(s) Responsible for Testing Program _____

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

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

Primary Phone Number _____ Fax Number _____

Email Address _____ 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 Does the school/company have e-mail and internet access?
 Yes No

1.2 Number of examiners applying for Third Party Examiner certification: _____

1.3 Number of commercial vehicles in fleet (Minimum of 25): _____

1.4 Has the school/ company been licensed for at least two (2) years?
 Yes No
If yes, what is the DOT # _____

1.5 Does your company currently have a "satisfactory" DOT Safety Rating?
If yes, please attach supporting documentation.
If no, your company is not eligible to be a CDL Third Party Tester in Georgia.

1.6 Has the school/ company had any non-compliance issues with DDS and or FMCSA in the past two (2) years?
 Yes No

1.6.1 If yes, please give details of non-compliance, use separate sheet if necessary:

Non-compliance _____ Date(s) _____

Non-compliance _____ Date(s) _____

Non-compliance _____ Date(s) _____



1.7 Class of vehicles you wish to test (i.e, Class A – Class B – Class C): _____

1.8 Does your school/ company have facilities available for a classroom?
 Yes No

1.9 Does your school/company have facilities available for a basic control skills course designed in a painted carousel layout which requires a paved area 340 feet by 150 feet per carousel?
 Yes No

1.10 Does your school/company maintain adequate driver records reflecting the driver history of each examiner?
 Yes No

1.11 Is the Tester applicant a regular employee who has been employed fulltime with your school/ company a minimum of two years?
 Yes No

SECTION 2: Applicant Qualifications

Last Name First Name Middle Name Suffix

Title

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 you a United States citizen?
 Yes No

2.3.1 If you answered “No” to question 2.4, are you legally present in the United States? Acceptable proof of citizenship or lawful presence 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 submit all reports and information as specified in the DDS rules and regulations, third party agreement, and department's directives and will allow the examination and audit of the books, records, and files for my driver training and third party testing programs by the Department of Driver Services.

I hereby authorize the release to DDS of any information necessary for the determination of my application for tester 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



Georgia Department of Driver Services

2206 East View Parkway • Conyers, Georgia 30013

Commercial Third Party Tester Surety Bond

KNOW ALL MEN BY THESE PRESENTS:

That we, _____ as Principal, and _____ 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 Georgia Department of Driver Services, for the 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 OBLIGATION ARE SUCH THAT:

WHEREAS, the above-mentioned Principal has made application to the DEPARTMENT OF DRIVER SERVICES for a license to operate a COMMERCIAL THIRD PARTY TESTER under the provisions as set out in Georgia Law O.C.G.A. 43-13-1 et seq.; representing by said application and by these presents, that all the statements set forth in said application to the DEPARTMENT OF DRIVER SERVICES, and that all of the written evidence or other probative matter filed with the said DEPARTMENT OF DRIVER SERVICES in connection with such application, are true; and obligating itself and its agents to faithful compliance with all provisions of said Georgia Law O.C.G.A. 43-13-1 et seq. 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. 43-13-4, Paragraph (4), for the protection of the contractual rights of students who enter into the annexed contract with _____;

(School name 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, representatives 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, and shall not be construed as individual liability.

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 _____.

BOND NO.: _____

ATTEST:

Signature (Witness)

Signature (Principal)

COUNTERSIGNED:

(Resident Agent of Georgia)

Name: _____

(Address of Resident Agent)

Signature: _____

(Phone Number)

By: _____

(Attorney-in-Fact)



Standard Business Hours

Commercial 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.

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 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"/> Chauffeur			
<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, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system? Yes No

Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? Yes No

If you are now charged, under indictment, or have court hearings pending for any charges, give details 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: _____ 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 following regulated program areas 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.*

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.

Additional information regarding GAPS processes, policies, fees, and print locations may be found at 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>
- Under the "Print Site Locations" section, click on the "Print Site & Locations" 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.

Step 2: Register.

- Under the "Registration" section, click on the "Single Applicant Registration" option. From here, you can begin the registration & payment process.
- Complete the web form with your personal data and payment information. 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.
- Under Transaction Information, be sure to choose the correct reason for being fingerprinted. DDS programs are grouped together with the prefix "DDS Regulated Programs". Based on the certification you are seeking, use the following reason code and verification code:

- **Driver Training School Owner or Third Party Tester:**
Reason Code: DDS Regulated Programs (DT Owner)
ORI/OAC – GA922983Z; Verification Code – 922983Z
- **Driver Training Instructor or Third Party Examiner:**
Reason Code: DDS Regulated Programs (DT Instructor)
ORI/OAC – GA922983Z; Verification Code – 922983Z
- **Driver Improvement Instructor or Owner:**
Reason Code: DDS Regulated Programs (DI)
ORI/OAC – GA922983Z; Verification Code – 922983Z
- **DUI Alcohol or Drug Risk Reduction Instructor, Director or Owner:**
Reason Code: DDS Regulated Programs (DUI)
ORI/OAC – GA922983Z; Verification Code – 922983Z
- **Limousine Chauffeur Endorsement:**
Reason Code: DDS Regulated Programs (Chauffeur)
ORI/OAC – GA922983Z; Verification Code – 922983Z
- **Ignition Interlock Provider Center Owner or Installer:**
Reason Code: DDS Regulated Programs (IIP)
ORI/OAC – GA922983Z; Verification Code – 922983Z
- Leave the checkbox unchecked for the question of “Does another agency make the fitness determination?”
- Customers may choose between three methods of payment: credit card, money order, or cashier’s check.
- Money orders and cashier’s checks must be made payable to “Cogent Systems” and should be taken to the GAPS location.
- Fees for all the DDS regulated programs are \$52.75. A link for the fees can be found under the “General Information” section on the GAPS website below:
<http://www.ga.cogentid.com/index.htm>
- *Cash and personal checks are not accepted.*

Step 3: Print your Receipt.

- Print Step 4 *on the screen* and keep a copy for your records. It should have at the top – “Applicant Registration, Step 4 – Registration Complete, Thank you for Registering”.
- If you lose your registration receipt, you can obtain a replacement under the “Registration” Section using the “Registration Receipt” link.

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 take with you all of the items listed under the “Identification Needed for Fingerprinting” link under the “Print Site Locations” section.