

Georgia Department of Driver Services

Commercial Driver Training Instructor's License Application

Instructions

First Time Applicants

1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank. A Notary Public must notarize this application.
2. Include one (1) photograph showing a full view of the face, neck, shoulders, and uncovered head. The photograph must be taken within thirty (30) days of filing this application.
3. Fingerprint Cards or Background: *Please see the next page for detailed instructions.*
4. A laboratory report, from an accredited lab, showing the results of a five-panel drug screen administered within 30 days of application.
5. Have a Medical Examination Report completed and signed by your doctor administered within 30 days of application. A DOT Physical form is acceptable.
6. A Motor Vehicle Report (MVR), if you have been licensed in a state other than Georgia in the past five (5) years, you must obtain an MVR that state(s).
7. A notarized statement from the owner of the school that the applicant is or will be employed by the school named on the application. This step may be omitted if applicant is the owner of the school.
8. A \$30.00 money order, certified check, or cashier's check made payable to Georgia Department of Driver Services to cover both the application and examination fee.
9. Complete the Consent for Background Investigation Form and have notarized.
10. The DDS will administer an instructor examination to instructor applicants to test their knowledge in Commercial Driving, Georgia traffic laws, and Federal Motor Carrier Safety Regulations. Please see the testing schedule for the available test date. *Application must be submitted and approved before an instructor may attend the exam.*

Renewal Applications

1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank. A Notary Public must notarize this application.
2. Include one (1) photograph showing a full view of the face, neck, shoulders, and uncovered head. The photograph must be taken within thirty (30) days of filing this application.
3. A lab report, from an accredited lab, showing the results of a five-panel drug screen.
4. Have a Medical Examination Report completed and signed by your doctor administered within 30 days of application. A DOT Physical form is acceptable.
5. A Motor Vehicle Report (MVR), if you have been licensed in a state other than Georgia in the past five (5) years, you must obtain an MVR that state(s). Three (3) year MVR's will not be accepted.
6. A notarized statement from the owner of the school that the applicant is or will be employed by the school named on the application. This step may be omitted if applicant is the owner of the school.
7. A \$5.00 money order, certified check, or cashier's check made payable to Georgia Department of Driver Services to cover both the application and examination fee.
8. Complete the Consent for Background Investigation Form and have notarized.

Transfer Applications

1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank. A Notary Public must notarize this application.
2. Include one (1) photograph showing a full view of the face, neck, shoulders, and uncovered head. The photograph must be taken within thirty (30) days of filling this application.
3. Attach old instructor's license to this application. (If it has not been turned in to previous school.)
4. Have a Medical Examination Report completed and signed by your doctor administered within 30 days of application. A DOT Physical form is acceptable.
5. A lab report, from an accredited lab, showing the results of a five-panel drug screen.
6. A \$5.00 money order, certified check, or cashier's check made payable to Georgia Department of Driver Services to cover the transfer fee.
7. A notarized statement from the owner of the school that the applicant is or will be employed by the school named on the application.
8. Complete the Consent for Background Investigation Form and have notarized.

THREE OPTIONS TO COMPLETE BACKGROUND REQUIREMENTS

Applicants seeking to be licensed by the Regulatory Compliance Division are required to be fingerprinted for a background investigation. Unless otherwise requested, applicants renewing school or instructor licenses are not required to be fingerprinted.

Option 1:

Applicant Fingerprint Cards: applicants are required to be fingerprinted by a law enforcement agency. Applicants should submit the following with their application:

- Two (2) fingerprint cards
- \$26.00 fee** in certified funds (money order or cashier check), made payable to the G.B.I.
- Affidavit signed by the fingerprinting officer

Our department submits the fingerprint cards to the Georgia Crime Information Center (GCIC) for manual processing. Processing takes between 90 to 120 days. If fingerprint cards are rejected due to poor print quality, or any other reason, the applicant will be required to be re-fingerprinted and may be required to submit additional fees to cover fingerprint processing cost.

Option 2:

Live Scan Automated Fingerprinting conducted by DDS at the Conyers Headquarters:

Fingerprinting is conducted on Mondays from 9:00 am to 3:00 pm. Cost is \$49.00. Only applicants that have submitted an application, paid the \$49.00 fee and have been notified by our department will be fingerprinted.

Do not show up for fingerprinting until you have been notified that your application has been accepted.

Background reports are usually completed within a few days of fingerprinting. Applicants wishing to be fingerprinted by DDS should submit the following with their application:

- \$49.00 fee in certified funds (money order or cashier check), made payable to DDS
- Complete Background Fact Sheet (part of application)

Option 3:

Live Scan Automated Fingerprinting by other Law Enforcement Agencies: Check with your local law enforcement agencies to determine if they have the capability to conduct automated fingerprinting. Applicants will need to request a printout showing the background results from the G.B.I. and the F.B.I. Reports showing only G.B.I. results or "no arrests" will not be accepted. *Background reports contain personal information; please do not fax a copy to our office.* **Important Note:** If the fingerprinting official enters the Georgia Department of Driver Services ORI Number into the system, the applicant will receive a bill from our department to cover fingerprint process charges. *The applicant, or their employer, will be required to pay the charges even if payment was submitted at the time of fingerprinting.* Applicants should submit the following with their application:

- Background report printouts
- Affidavit signed by the fingerprinting officer

All background reports are subject to review by the DDS Legal Division. Applicants may be required to submit copies of depositions, pardons or other legal documents.

**Effective October 1, 2007: The Fingerprint fee will increase from \$24.00 to \$26.00

LIVE SCAN AUTOMATED FINGERPRINTING

&

APPLICANT FINGERPRINT CARDS

A F F I D A V I T

To be completed by the Official taking fingerprints.
Affidavit must be signed and dated.

STATE OF GEORGIA

COUNTY OF _____

I do solemnly swear (or affirm) that the attached fingerprints are those of the applicant named herein:

Signature of Official Taking Fingerprints

Name of Above Official's Agency

Date of Fingerprinting

Live Scan Automated Fingerprinting: The applicant will need to be given a printout showing the background results from the G.B.I. and the F.B.I. **If the Georgia Department of Driver Services ORI Number is entered into the system, the applicant will receive a bill from our department to cover fingerprint processing charges. The applicant will be required to pay the charges.** Georgia Department of Driver Services ORI Number: GA1220400

Applicant Fingerprint Cards: If fingerprint cards are submitted to the Georgia Department of Driver Services, a \$26.00 fee, made payable to the G.B.I., is required. **BEFORE SENDING IN THE FINGERPRINT CARDS, BE SURE TO FILL IN THE FOLLOWING ON THE FINGERPRINT CARDS:**

- | | |
|---|---|
| <input type="checkbox"/> Residence | <input type="checkbox"/> Height |
| <input type="checkbox"/> Place of Birth | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> Color of Hair |
| <input type="checkbox"/> Age | <input type="checkbox"/> Color of Eyes |
| <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Social Security Number |
| <input type="checkbox"/> Race | <input type="checkbox"/> Citizenship |

The fingerprint cards without the forgoing information will not be accepted.

****This form is not required if applicants are to be fingerprinted by DDS at Conyers Headquarters****

The DDS Headquarters office in Conyers has the capability to conduct automated fingerprinting. *Background reports are usually completed within days instead of months.* Complete the information below and submit a money order or cashier's check for \$49.00. Fingerprinting is conducted on Mondays from 9:00 am to 3:00 pm.

Only applicants that have submitted an application, paid the \$49.00 fee and have been notified by our department will be fingerprinted. **DO NOT SHOW UP FOR FINGERPRINTING UNTIL YOU HAVE BEEN NOTIFIED THAT YOUR APPLICATION HAS BEEN ACCEPTED.**

BACKGROUND FACT SHEET

DATE: _____

NAME: _____

ALIAS: _____

ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

SEX: _____ RACE: _____ HGT: _____ WGT: _____ EYES: _____ HAIR: _____

PLACE OF BIRTH: _____

CITIZENSHIP: _____

EMPLOYER AND ADDRESS: _____

****To be completed by applicants seeking to be fingerprinted by DDS at Conyers Headquarters****

Driving and License History Continued

Have you ever have a Driver's license revoked, suspended, cancelled, or denied in Georgia or any other state?

Yes No.

If so, when and where? _____

Provide date for each occurrence: _____

Have you been re-licensed since that time? Yes No.

If so, give date of re-licensing: _____

Have you ever been convicted of a traffic violation? Yes No. If so, when? _____

What offense? _____

Location of offense? _____ More than once? Yes No.

Have you ever been involved as a driver in an automobile accident? Yes No.

If yes, give date of accident: _____ Any fatalities? Yes No.

Any Injuries? Yes No. Location of accident: _____

Have you ever been convicted of fraud or fraudulent practices in relation to securing a license to drive a motor vehicle? Yes No. If yes, give particulars: _____

Background Information

Have you plead guilty, entered a plea of nolo contendere, or been found guilty of any crime by a judge or jury in any state or federal court? Yes No.

What were the charge(s)? _____

When: _____ Where: _____

Are there any proceedings pending against you relative to any crime, misdemeanors, or violations?

Yes No. If so, give particulars: _____

Have you ever been addicted to narcotic drugs or intoxicating liquor? Yes No.

If so, are you in total abstinence? Yes No. How long have you been drug free? _____

Have you ever been a patient in or committed to an institution for the treatment of alcohol or drug addiction?

Yes No. If so, date(s)? _____

Name and location of institute: _____

Background Information Continued

Give date of release or last treatment: _____

Do you have a relative employed by the Georgia Department of Driver Services? Yes No.

If yes, give name _____ Position: _____

Relationship: _____

Educational Record

School	Name and Location	Years Attended	Credits or Diplomas
High School			
College			
Vocational School			
Other			

Work History

Number of years you have worked in the Trucking Industry: _____

List all teaching or instructional experience: _____

Under penalty for 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 of Applicant Date

Sworn to before me this _____ day of _____, _____

Notary Public Seal Required

Commission Expires

TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT IN THIS APPLICATION WILL RESULT IN THE CANCELLATION OF YOUR CERTIFICATE OF APPROVAL

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			

Department of Driver Services
2206 East View Parkway, P.O. Box 80447, Conyers, GA 30013

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State (GA License Required) Georgia	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, 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, any other state, or of the federal system? Yes No

Do you have a charge or court hearing pending or are you under any indictment? Yes No

If you are now charged, under indictment, or have court hearings pending for any charges, give details below:

I hereby apply for a Certificate (to operate a Commercial Truck Driving School and/or Driver Improvement School and/or to become an Instructor) to be issued by the Department of Driver Services (DDS). I understand that my criminal history and driver's history will be checked, and 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 may result in certificate denial, cancellation, suspension, or revocation, and possible criminal and civil prosecution.

Under penalty for 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.

THIS CONSENT FORM MUST BE NOTARIZED

Signature Date

Subscribed to and sworn before me: SEAL OR STAMP

Notary Signature Date

My commission expires:

Return form to the Regulatory Compliance Unit

IMPORTANT NOTICE TO INSTRUCTORS

Background Investigation:

The G.B.I., F.B.I, and a DDS Investigator will conduct a full and complete background investigation before any instructor's license is issued.

No license will be issued to any applicant who has been convicted of: any felony, violence, dishonesty, deceit, fraud, indecency or moral turpitude.

If you have been arrested for any of the above, but not convicted, you will be asked to submit a copy of the disposition from the courts. If you have received a pardon you will need to provide evidence of the pardon.

Driving History Investigation:

Your driving history will also be investigated before any instructor's license is issued.

No instructor's license will be issued if:

- Your driver's license was suspended for any reason within one (1) year of making application.
- Your driver's license was suspended for two (2) or more times within five (5) years of making application.
- You have plead guilty, had a bond forfeiture, or a nolo contendere for any mandatory suspension offense (see below) within one (1) year prior to making application.
- You have plead guilty, had a bond forfeiture, or a nolo contendere to two (2) or more mandatory suspension offenses (see below) with five years prior to making application.

Drivers License Mandatory Suspension Offenses (If Convicted)

- Homicide by vehicle.
- A conviction for driving under the influence of alcohol or drugs.
- Any felony in the commission of which a motor vehicle is used.
- Using a motor vehicle in fleeing or attempting to elude an officer.
- Fraudulent or fictitious use of, or application for a license.
- Hit and run or leaving the scene of an accident.
- Racing.
- Failure to maintain liability insurance coverage (No Fault).
- Refusal to take a chemical test for intoxication, then your license will be suspended for 12 months.
- Failure to maintain minimum liability coverage of any automobile which you may own or operate.
- Conviction for driving without insurance is a 60/90-day suspension.
- If convicted for driving while license is suspended, revoked or canceled, your driver license will be further suspended for six months.
- Failure to appear in court or respond to a citation.
- Possession, distribution, manufacture, cultivation, sale or transfer of a controlled substance or marijuana.
- Accumulation of 15 points within 24 months under the point system, including violations committed out-of-state.