

# Instructions

## Commercial Driver Training School Application

1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank.
2. All owners, partners, and principal stockholders of the school must complete page four (4) of this application and attach the following:
  - a. One (1) photograph, taken within thirty (30) days of filing this application, showing a full view of the face, neck, shoulders, and uncovered head.
  - b. Complete the Consent for Background Investigation form.
  - c. Background/fingerprints – see the following pages for information regarding options available to meet the background/fingerprint requirements.

### The Following Items Must Accompany the Application:

1. A continuous surety bond in the principal sum of ten thousand (\$10,000.00) for the protection of the contractual rights of the students. The surety bond as specified must be written by a company authorized to do business in the State of Georgia. The bond must show the School's name and address exactly as it is listed on the application. (A sample copy of a surety bond is available for review)
2. A copy of all curricula used by the school, including an outline of each day's instruction, all tests (includes final exam and answer keys), and all handouts. Include information on the length of the course and the hours behind the wheel that each student will receive (on the range and on the road).
3. Submit a certified copy from the Clerk of the appropriate Superior court evidencing the registration of a business or trade name if the business is to be conducted under such a trade name in lieu of the name of the corporation, person, partnership, or other entity, which owns such school.
4. Samples of any contracts used by the school. The contracts must have the name of the school printed thereon.
5. Copies of all forms used by the school. This would include evaluation forms, attendance forms, student logs, school catalogs, and any handouts given to the students.
6. A fee of \$25.00 made payable to the Georgia Department of Driver Services. All fees should be in the forms of certified funds. **Company checks will not be accepted.**
7. A copy of a fire inspection report demonstrating compliance with local fire safety regulations.
8. A list of all instructors that will be teaching at the school. Each instructor is required to be licensed by the Department of Driver Services before giving any instruction.
9. A current certificate of insurance listing all vehicles, or fleet policy. All vehicles to be used for practical driving training must be covered with insurance as follows: At least (a) \$100,000.00 for bodily injury to, or death of, any one person in any one accident and subject to said limit for one person, (b) \$200,000.00 for bodily injury or death of two or more persons in any one accident, (c) \$20,000.00 for destruction of property of others in any one accident.
10. Copies of the Annual Vehicle Inspection Reports for all road and range vehicles.
11. If any vehicles are leased, attach a copy of the lease agreement.
12. Copies of Certificate of Incorporation and Articles of Incorporation, if a corporation is involved.
13. 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 678/ 675-6171.

# Georgia Department of Driver Services

## Commercial Driver Training School Application

Check the type of application:  First Time Applicant  Renewal

Legal Name of School: \_\_\_\_\_

DBA or Trade Name: \_\_\_\_\_  
The name listed on this application must be used consistently on all forms, advertisements, vehicle, etc.

Name of all Owners, Partners, or Controlling Stockholders: \_\_\_\_\_

\_\_\_\_\_

Classroom Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School Telephone # (\_\_\_\_\_) \_\_\_\_\_ School Fax # (\_\_\_\_\_) \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

\_\_\_\_\_

Web Site or E-mail Address: \_\_\_\_\_

U.S. DOT Number that has been issued to the School: \_\_\_\_\_

Does this facility meet all requirements set forth by the Americans with Disabilities Act of 1990?

Yes

No

***If renewal application***, has there been any change in ownership at this school?  Yes  No





**ALL OWNERS MUST COMPLETE THIS PAGE AND ATTACH THE FOLLOWING:**

1. One (1) photograph, taken within thirty (30) days of filing this application (photograph must be dated), showing a full view of the face, neck, shoulders, and uncovered head.
2. Completed 'Consent for Background Investigation' form.
  - Fingerprinting is required for initial issuance – see the following pages for options to meet background and fingerprinting requirements.

Full Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Legal Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

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

If so, give name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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: \_\_\_\_\_

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)? \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Are there any proceedings now pending against you relating to any crime, misdemeanors, or traffic violations?  Yes  No. If so, give particulars: \_\_\_\_\_

I have read and understand the rules and regulations for operating a Commercial Driver Training School:  Yes  No

**I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_,

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Seal Required)

## TWO OPTIONS TO COMPLETE BACKGROUND REQUIREMENTS

### Option 1:

Live Scan Automated Fingerprinting conducted by the Department of Driver Services - Investigative Services Unit. Fingerprinting is conducted on Mondays from 9:00 a.m. to 3:00 p.m. Cost is \$49.00. Only applicants that have submitted an application paid the \$49.00 fee and have been notified by the CDL Compliance Unit or the Investigative Services Unit 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's check) made payable to the Department of Driver Services
- Consent for Background Fact Sheet (part of application)

### Option 2:

GAPS - (Georgia Applicant Processing Services). GAPS consists of numerous locations throughout the State of Georgia that have been authorized by GCIC and Cogent Systems to use Live Scan devices to electronically capture and transmit fingerprints to GCIC. For additional information regarding GAPS processes, policies, fees, and print locations please go to [www.ga.cogentid.com](http://www.ga.cogentid.com). Screen shots with helpful information can also be obtained by opening the embedded word document. This document also contains the required **OAC Number and Verification Code** that must be used for each fingerprint submission transaction.



GAPS\_Customer  
Instructions for CDL 5

You must send the following information to [jfortner@dds.ga.gov](mailto:jfortner@dds.ga.gov) :

- Name of School
- Name of Applicant(s)
- Date of Birth
- Social Security Number
- Date scheduled to be fingerprinted at a GAPS location

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.

Background Fact Sheet

**\*\*\*\*To be completed by applicants seeking to be fingerprinted through Live Scan Automated Fingerprinting conducted by the Department of Driver Services**

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 a.m. to 3:00 p.m.

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.**

Date: \_\_\_\_\_ Background Investigation #: \_\_\_\_\_

Name: \_\_\_\_\_

Alias: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_(\_\_\_\_)\_\_\_\_\_ Cell #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ HGT: \_\_\_\_\_ WGT: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

<b>Office Use Only – Payment Method:</b>		Receipt Number: _____
Cashier's Check	<input type="checkbox"/>	
Money Order	<input type="checkbox"/>	
Cash	<input type="checkbox"/>	

CONSENT FOR BACKGROUND INVESTIGATION			
<b>OFFICE USE ONLY - BACKGROUND</b> <input type="checkbox"/> Drivers History <b>Pass</b> <b>Fail</b> <input type="checkbox"/> Criminal History <b>Pass</b> <b>Fail</b>		<b>OFFICE USE ONLY – BACKGROUND INVESTIGATION NUMBER:</b>	
Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY)
Driver's License Number	Issue Date (Exam Date)	State <b>Georgia</b>	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other drivers license(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Number	
If yes, list state(s) and license number(s):			
Company/Employer		Phone Number	
Employer Address		City and State	Zip Code
Have you been convicted, pled guilty to, pled nolo contendere to, served time, or been on probation or parole for any crime whether a felony or misdemeanor, in this state, or any other state, or in the federal system? <input type="checkbox"/> Yes <input type="checkbox"/> No  Do you have a charge or court hearing pending or are you under any indictment? <input type="checkbox"/> Yes <input type="checkbox"/> No  If you have charges, are under indictment, or have court hearings pending for any charges, give details below: _____ _____			

I hereby apply for a License to operate a **Commercial Truck Driving School** 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 license. I understand that false, misleading, or incomplete information may result in license 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**

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

Sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 (Notary Public)

\_\_\_\_\_  
 (Seal Required)

**Commission Expires**

**NOTIFY THE CDL COMPLIANCE UNIT OF BACKGROUND RESULTS**