



Recertification Checklist for Program, Clinic, School and Center

Step 1 - All applicants, including partners and/or corporate officers:

- Sign the Statement of Completion at the bottom of this page and include with the application.
- Complete Sections 2 and 3 of the application. You may photocopy these sections accordingly.
- Submit a notarized Consent for Background Investigation. You may photocopy this form as necessary. (Form # RC-900)
- 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. *Driver training school owners are not required to submit MVR's.*
- Submit one (1) photograph taken within 30 days of application submission.
- Submit a copy of the continuation certificate for the surety bond currently on file. *Third Party Testers are not required to submit this item.*
- Submit a list of all instructors, or examiners, associated with the program.
- Submit a copy of student contracts used by the program.
- All applicants—including partners, corporate officers and/or controlling stockholders must undergo a fingerprint-based background check. Refer to the attached fingerprint instructions (RC-GAPS-999) for more information. All applicants must use the Georgia Applicant Processing System (GAPS).

Step 2 - Submit additional documents below, depending upon type of certification held:

DUI Alcohol or Drug Use Risk Reduction Program Recertification

- Submit a list of director(s) associated with the program.
- Submit copies of the Student Information Sheet and the Employee Confidentiality Statement used by the program.

Driver Improvement Clinic Recertification

- Submit a renewal application fee of \$100.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- Submit a current copy of the clinic certificate from an approved curriculum provider. (ASC, DEOG, GARDE, NSC, USA)

Driver Training School Recertification

- Submit a renewal application fee of \$25.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- If applicable, submit a list of vehicles to be used by the school.
- Public or private school systems:** submit a notarized statement from the superintendent, assistant superintendent, or headmaster, appointing a director who will be responsible for the day-to-day operation of the driver training school.

Ignition Interlock Provider Center Recertification

- Submit a renewal application fee of \$100.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- Submit a current signed agreement with an approved manufacturer, signed by both parties within the past year. Agreement should include which device(s) the provider center is authorized to install, monitor and uninstall.

Third Party Tester Recertification

- Submit a signed Third Party Testing Agreement. (Form # RC-TPT-300)

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: Regulatory Compliance Division
 2206 East View Parkway
 Conyers, Georgia 30013

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



Program, Clinic, School, or Provider Center Recertification Application

SECTION 1: Program/Clinic/School/Provider Center Information

<input type="checkbox"/> DUI Program	<input type="checkbox"/> Driver Improvement Clinic	<input type="checkbox"/> Driver Training School	<input type="checkbox"/> Ignition Interlock Center	<input type="checkbox"/> Third Party
Cert. # _____	Cert. # _____	Cert. # _____	Cert. # _____	Cert. # _____
Exp. Date _____	Exp. Date _____	Exp. Date _____	Exp. Date _____	Exp. Date _____

Full Legal Name of Program, Clinic, School or Provider Center _____

Trade Name/DBA, if applicable _____

Physical Address _____	City _____	County _____	State _____	Zip Code _____
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Mailing Address _____	<input type="checkbox"/> Same as above	City _____	County _____	State _____	Zip Code _____
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Classroom Address _____	<input type="checkbox"/> Same as physical	City _____	County _____	State _____	Zip Code _____
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Program Telephone Number _____	Program Facsimile Number _____
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Program Email Address _____	Program Website _____
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Contact Name _____	Title _____	Phone Number _____	Email Address _____	<input type="checkbox"/> Same as above
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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 List the full name of all owner, partners, officers or controlling stockholders.

Name	Title/Position	Interest Held

1.2 Has there been a change in ownership, partners, or the corporation of the entity originally certified by the Department of Driver Services?
 Yes No

1.2.1 If you answered "Yes" to question 1.2, 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 or your spouse, dependent child, dependent stepchild, or dependent adopted child that is currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Resources?
 Yes No
- 2.2 Are you or your spouse currently employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?
 Yes No
- 2.3 Do you own, manage, or operate a private company that has contracted to provide probation services for misdemeanor cases in this or any other state?
 Yes No
- 2.4 If you answered "Yes" to any of the questions above, give specific information detailing the company, agency, and job title.

- 2.5 Are you a United States citizen?
 Yes No
- 2.5.1 If you answered "No" to question 2.5, are you legally present in the United States?
 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 and operations guidelines.

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)

**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			

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:

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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 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 Services \(GAPS\)](#) to satisfy the statutorily required 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 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: The fingerprint results are only available to DDS for a short period of time. Therefore, it is imperative that DDS applications are submitted prior to being fingerprinted. If you are fingerprinted before submitting your DDS application you run the risk of the DDS not being able to access your results. In this case, you will have to go through the GAPS process again and pay an additional \$52.90.

[FINGERPRINT INSTRUCTIONS](#)

[Step 1: Select the GAPS location of your choice.](#)

- Go to the following website: <http://www.ga.cogentid.com/index.htm>
- Under “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 “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”. Based on the certification you are seeking, use the following reason codes:

- **Driver Training School Owner or Third Party Tester:**
Reason Code: DDS - Driver Training School Owners
ORI/OAC – GA922985Z; Verification Code - 922985
 - **Driver Training Instructor or Third Party Examiner:**
Reason Code: DDS - Driver Training School Instructors
ORI/OAC – GA922984Z; Verification Code – 922984Z
 - **Driver Improvement Instructor or Owner:**
Reason Code: DDS - Driver Improvement Program Owner/Instructor
ORI/OAC – GA922986Z; Verification Code – 922986
 - **DUI Alcohol or Drug Risk Reduction Instructor, Director or Owner:**
Reason Code: DDS – DUI Program – Operator/Instructor/Director
ORI/OAC – GA1220400; Verification Code – 47500
 - **Limousine Chauffeur Permit:**
Reason Code: DDS – Chauffeur Permit
ORI/OAC – GA922982Z; Verification Code – 922982Z
 - **Ignition Interlock Provider Center Owner or Installer:**
Reason Code: DDS –Applicant/Cert-Ignition Interloc Device Providers
ORI/OAC – GA1220400; Verification Code – 47500
- Leave the checkbox unchecked for the question of “Does another agency make the fitness determination?”
 - Customers may choose between two methods of payment: credit card or money order.
 - Money orders must be made payable to “Cogent Systems” and should be taken to the GAPS location.
 - Fees can be found at the following link:
http://www.ga.cogentid.com/GA_DOCS_html/GA_Fees_10012007.htm
 - *Cash and 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 at the following link:
https://www.ga.cogentid.com/perl/pub/frame_page.pl?link=check_status.pl?pa=Receipt

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 “What to Bring” link:
http://www.ga.cogentid.com/GA_PDF/ID_Verification.pdf