



Recertification Checklist for Instructor or Director

(Also for Driver Training Instructor Transfers or Additional Certifications)

Step 1 - All applicants:

- Sign the Statement of Completion at the bottom of this page and include with the application.
- Complete all sections of the application.
- Submit a notarized Consent for Background Investigation Form. (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.
- Submit (1) photograph taken within 30 days of application submission.
- All applicants 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 Director Recertification

- Submit documentation of 16 contact hours of approved continuing education.

DUI Alcohol or Drug Use Risk Reduction Program Instructor Recertification

- Submit documentation of 32 contact hours of approved continuing education.
- Submit documentation, such as class rosters or a letter from program owner/director, showing at least four (4) classes have been taught within the current certification period.

Driver Training Instructor Recertification

- Submit a recertification application fee of \$5.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- Submit a lab report, from an accredited lab, showing the results for drug screen taken within 30 days of filing the application. The lab report for the drug screening must include the results for the following substances: amphetamines, cocaine metabolites, marijuana metabolites, opiates, and phencyclidine.
- Submit a Physical Examination Form completed and signed by your doctor within 30 days of filing application. (Form # RC-DT-201)
- Submit a notarized statement from the owner of the driver training school that the applicant is or will be employed by the school.

Driver Training Instructor Transfer of Certification or Additional Certification

- Check the appropriate box:**
 - Transfer Additional
- Submit an application fee of \$5.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- Submit a notarized statement from the owner of the driver training school that the applicant is or will be employed by the school.

Third Party Examiner Recertification

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

Driver Improvement Instructor Recertification

- Submit a recertification application fee of \$50.00, 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 instructor certificate(s) from an approved curricula provider. (ASC, DEOG, GARDE, NSC, USA)

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, GA 30013

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



Recertification Checklist for Instructor or Director

SECTION 1: Applicant Information

<input type="checkbox"/> RRP Instructor	<input type="checkbox"/> RRP Director	<input type="checkbox"/> Driver Improvement Instructor	<input type="checkbox"/> Driver Training Instructor	<input type="checkbox"/> TPT Examiner
Cert. # _____	Cert. # _____	Cert. # _____	Cert. # _____	Cert. # _____
Exp. Date _____	Exp. Date _____	Exp. Date _____	Exp. Date _____	Exp. Date _____

Last Name	First Name	Middle Name	Suffix
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Date of Birth	Driver's License #	State of Issuance	Social Security #
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Home 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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Home Phone Number	Cell Phone Number	Work Phone Number
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Email Address _____

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 Are you or your spouse currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Resources?
 Yes No

- 1.2 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

- 1.3 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

- 1.4 Do you have a 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

- 1.5 If you answered "Yes" to any of the questions above, give specific information detailing the company, agency, and job title.

1.6 Are you a United States citizen?
 Yes No

1.6.1 If you answered "No" to question 1.6, are you legally present in the United States?
 Yes No



1.7 For RRP directors ONLY: What program(s) are you directing?

<u>PROGRAM NAME</u>	<u>CERTIFICATION #</u>	<u>LOCATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1.8 For driver training instructors ONLY: What school(s) are you employed by:

<u>SCHOOL NAME</u>	<u>LOCATION</u>
_____	_____
_____	_____

1.9 For driver training instructors transferring certification ONLY:

List the name of the driver training school where you were previously employed: _____

List the name of the driver training school where you wish to transfer your certification: _____

1.10 For driver training instructors additional certification ONLY:

List the name of the driver training school where you are currently employed: _____

List the name of the driver training school where you wish to add to your certification: _____

SECTION 2: 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 including, but not limited to: assessment results and other program components. 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 refrain from abusing alcohol or other drugs, and from using illegal drugs.

I will maintain all reports and information as specified in the DDS rules and regulations and operations guidelines.

I understand that DDS will list my name and address as public record.

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

PHYSICAL EXAMINATION FORM

A separate copy of an official laboratory report for a drug screening must be attached to this Physical Examination Form. Drug screen should include, as a minimum: amphetamines, cocaine metabolites, marijuana metabolites, opiates, and phencyclidine. Physical and drug screen must be administered within thirty (30) days of filing application.

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: _____
(Month) (Day) (Year)

Health History

<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Any illness or injury in last 5 years	<input type="checkbox"/>	<input type="checkbox"/>	Eye disorders or impaired vision (except corrective lenses)
<input type="checkbox"/>	<input type="checkbox"/>	Head/Brain injuries, disorders or illnesses	<input type="checkbox"/>	<input type="checkbox"/>	Ear disorders, loss of hearing or balance
<input type="checkbox"/>	<input type="checkbox"/>	Seizures, epilepsy Medication _____	<input type="checkbox"/>	<input type="checkbox"/>	Heart disease or heart attack; other cardiovascular condition Medication _____
<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure Medication _____	<input type="checkbox"/>	<input type="checkbox"/>	Heart surgery (valve replacement/bypass, angioplasty, pacemaker)
<input type="checkbox"/>	<input type="checkbox"/>	Muscular disease	<input type="checkbox"/>	<input type="checkbox"/>	Fainting, dizziness
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Stroke or paralysis
<input type="checkbox"/>	<input type="checkbox"/>	Lung disease, emphysema, asthma, chronic bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Spinal injury or disease
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease, dialysis	<input type="checkbox"/>	<input type="checkbox"/>	Chronic low back pain
<input type="checkbox"/>	<input type="checkbox"/>	Liver disease	<input type="checkbox"/>	<input type="checkbox"/>	Regular, frequent alcohol use
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or elevated blood sugar controlled by: <input type="checkbox"/> Diet <input type="checkbox"/> Pills <input type="checkbox"/> Insulin	<input type="checkbox"/>	<input type="checkbox"/>	Nervous or psychiatric disorders e.g., severe depression Medication _____

Other illness or injuries: _____

Physical Information

General appearance and development: Good Fair Poor

Height: _____ Weight: _____

Eyes for Distance (without glasses/contacts):
 Right 20 / _____ Left 20 / _____

Eyes for Distance (with glasses/contacts):
 Right 20 / _____ Left 20 / _____

Evidence of eye injury: _____ Right: _____ Left: _____

Color Vision: _____ Horizontal Field: _____ Right: _____ Left: _____

Ears (Hearing @ 20 ft.): _____ Right: _____ Left: _____

<u>Yes</u>	<u>No</u>	<u>Body System:</u>	<u>Check For:</u>
<input type="checkbox"/>	<input type="checkbox"/>	General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.
<input type="checkbox"/>	<input type="checkbox"/>	Eyes	Papillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.
<input type="checkbox"/>	<input type="checkbox"/>	Ears	Middle ear disease, occlusion of external canal, perforated eardrums.
<input type="checkbox"/>	<input type="checkbox"/>	Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing
<input type="checkbox"/>	<input type="checkbox"/>	Heart	Murmurs, extra sounds, enlarged heart, pacemaker.
<input type="checkbox"/>	<input type="checkbox"/>	Lungs and chest, not breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal finding on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.
<input type="checkbox"/>	<input type="checkbox"/>	Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.
<input type="checkbox"/>	<input type="checkbox"/>	Genito-urinary system	Hernias.
<input type="checkbox"/>	<input type="checkbox"/>	Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.
<input type="checkbox"/>	<input type="checkbox"/>	Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.
<input type="checkbox"/>	<input type="checkbox"/>	Extremities – Limb Impaired	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.

Comments: _____

Laboratory Findings:

Urine: Spec. Gr.: _____ Protein: _____ Sugar: _____

Blood Pressure (Sitting): Systolic: _____ Diastolic: _____

Pulse: Before Exercise: _____ Two Minutes After Exercise: _____

Instructor's Statement: I affirm that I have answered all medical questions honestly and to the best of my knowledge.

Signature of Driver Training Instructor

Date

Doctor's Statement:

I affirm I have examined _____ on _____ (date)

and find his or her physical condition sufficiently sound to perform the duties required of a Driver Training Instructor.

Printed Name of Examining Doctor

Street Address of Examining Doctor

Signature of Examining Doctor

City

State

Zip

Doctor or Facility Telephone No.: _____

**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/perlpub/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