



Driver Training School Checklist

PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED

- All** applicants—including partners, corporate officers and/or controlling stockholders, or high school directors —must sign the Statement of Completion at the bottom of this page and include with the application.
- All** applicants— including partners, corporate officers and/or controlling stockholders, or high school directors —are required to complete all sections of the application with the exception of Section 1, which only needs to be completed once. You may photocopy these sections accordingly.
- 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).
- All** applicants— including partners, corporate officers and/or controlling stockholders, or high school directors—must submit a notarized Consent for Background Investigation Form. You may photocopy this form as necessary. (Form # RC- 900)
- All** applicants— including partners, corporate officers and/or controlling stockholders, or high school directors must submit one (1) photograph, taken within thirty (30) days of filing this application.
- Submit an 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.
- Submit proof of a continuous surety bond from a bonding company authorized to conduct business in the state of Georgia in the principal sum of \$10,000 for each school location. (Form # RC-DT-101)
- Submit proof of a fire code inspection of the school location, dated within 90 days of filing the application, showing no violations.
- * Submit a copy of the school’s business license.
- * If incorporated, submit a copy of the Certificate of Incorporation from the Secretary of State; *or*
- * Submit a copy of the adopted business name form that you have registered with the County Clerk’s office where your business is located. The notarized certification that is required by our department, per Rule 375-5-.04(4), is obtained from the Clerk of the Superior Court (Form # RC-700).
- 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. *Applicants for a Limited License not offering behind-the-wheel driver training are not required to file a certificate of liability insurance.*
- * Submit the school’s Standard Business Hours. (Form # RC-800)
- Copy of the paid receipt for student textbooks ordered.
- 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.

*** Public School Systems are exempt from this requirement.**

NOTE: *Schools will be required to submit drafts of the student contract, pre-numbered and pre-printed with school name, address and phone number. A standardized contract will be provided by the Department after the application has been accepted.*

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.



IMPORTANT NOTICE

Please be mindful that the most commonly omitted items from the New Driver Training School Application are:

- Executed Surety Bond Form
- Certificate of Liability Insurance with vehicle information listed (only if offering Behind the Wheel Training)
- Notarized Trade Name Form that's been registered with County's Clerk's Office
- Completed application for each stakeholder/ partner
- Notarized Consent for Background Investigation Form for each stakeholder/ partner (Form # RC-900)
- Georgia Applicant Processing System (GAPS), the fingerprint-based background check for each stakeholder/ partner
- Letter from the Board of Education appointing a Director (for Public High Schools only)

NOTE: Incomplete applications or applications lacking the necessary paperwork will result in your application not being processed or create a delay in processing time.



Driver Training School Owner Application

SECTION I: School Information

Full Legal Name of Driver Training School

Trade Name/DBA, if applicable

| | | | | |
|-------------------------|------|--------|-------|----------|
| School Physical Address | City | County | State | Zip Code |
|-------------------------|------|--------|-------|----------|

| | | | | | |
|-----------------|--|------|--------|-------|----------|
| Mailing Address | <input type="checkbox"/> Same as above | City | County | State | Zip Code |
|-----------------|--|------|--------|-------|----------|

| | | | | | |
|-------------------|---|------|--------|-------|----------|
| Classroom Address | <input type="checkbox"/> Same as physical | City | County | State | Zip Code |
|-------------------|---|------|--------|-------|----------|

| | |
|-------------------------|-------------------------|
| School Telephone Number | School Facsimile Number |
|-------------------------|-------------------------|

| | |
|----------------------|----------------|
| School Email Address | School Website |
|----------------------|----------------|

| | | | | |
|--------------|-------|--------------|---------------|--|
| Contact Name | Title | Phone Number | Email Address | <input type="checkbox"/> Same as above |
|--------------|-------|--------------|---------------|--|

- I would prefer all correspondence be mailed to the mailing address above.
 Unless the box is checked, all correspondence will be e-mailed to the contact person's e-mail address.

NOTE: You will be required to have a working and verifiable telephone number and internet connection prior to being certified.

- 1.1** Indicate the type of school certification that you are seeking.
- Full Certification - Offers a minimum of 30 hours classroom training and a minimum of 6 hours of behind-the-wheel training (full 30/6 program).
 - Limited Certification - Offers 30 hours classroom training or 6 hours behind-the-wheel training (less than a full 30/6 program)

- 1.2** Indicate the services this facility will offer:
- Classroom and office with full operating hours Classroom only Office for behind-the-wheel operation*

1.2.1 If classroom only services are indicated in question 1.2, list the principal driver training school where the records will be maintained.

| | |
|-------------|-----------------------------|
| School Name | School Certification Number |
|-------------|-----------------------------|

* Full operating hours are required.

- 1.3** Will this school be a corporation or limited liability company?
 Yes No

1.3.1 If you indicated "Yes" to question 1.3, have you applied for and successfully obtained a Certificate of Incorporation or Certificate of Authority from the Georgia Secretary of State?
 Yes No



1.3.2 If yes, list the names of all officers or controlling stockholders.

| Name | Title/Position | Interest Held |
|------|----------------|---------------|
| | | |
| | | |
| | | |

1.4 Will this school be jointly owned (partnership)?

Yes No

1.4.1 If yes, list the names of all partners/owners.

| Name | Title/Position |
|------|----------------|
| | |
| | |
| | |

1.5 Curricula (check all that apply):

Drive Right License to Drive How to Drive
 ADTSEA Licensed to Learn Responsible Driving

Approved Curricula for Driver Education Schools:

- Drive Right – Prentice Hall, 1-800-848-9500, http://www.phschool.com/atschool/drive_right
- ADTSEA – 1-877-485-7172, <http://adtsea.org/adtsea>
- License to Drive – 1-800-354-9706, www.cengage.com
- Licensed to Learn – AAA Traffic Safety, dtprograms@national.aaa.com, <http://www.aaa.biz/drivertraining>
- Responsible Driving – Glencoe/McGraw Hill, Toll Free: 1-800-731-2365, www.glencoe.com
E-mail: ase_reg@mcgraw-hill.com
- How To Drive – AAA Traffic Safety, dtprograms@national.aaa.com, <http://www.aaa.biz/drivertraining>

1.6 In the chart below, list the vehicles owned by, leased or loaned to the school for the use of driving instruction. If additional space is needed, attach a separate sheet of paper.

| Make and Model | Model Year | VIN # | Tag # |
|----------------|------------|-------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

1.7 In the chart below, list the full name of all instructors that will give instruction to students. If additional space is needed, attach a separate sheet of paper.

| Full Name of Instructors | Instructor License # (if applicable) | Expiration Date (if applicable) |
|--------------------------|--------------------------------------|---------------------------------|
| | | |
| | | |
| | | |
| | | |



SECTION 2: Applicant Information

| | | | | | |
|----------------------|--|-------------------|-------------------|----------------|----------|
| Last Name | First Name | Middle Name | Suffix | Title/Position | |
| Date of Birth | Driver's License # | State of Issuance | Social Security # | | |
| Home Address | City | County | State | Zip Code | |
| Mailing Address | <input type="checkbox"/> Same as above | City | County | State | Zip Code |
| Primary Phone Number | Secondary Phone Number | | | | |

****Each applicant must provide a secure, individual email address that only the applicant can access. The Department will use this email address for official purposes. The applicant should check the email account during the certification process****

****Email Address**

2.1 Have you been fingerprinted within the past six (6) months for any other DDS Program (i.e. risk reduction, driver improvement)?
 Yes No

2.1.1 If you answered "Yes" to question 2.1, indicate in the space provided below the program(s) for which you were fingerprinted and the date(s).

| | |
|-----------|---------|
| School(s) | Date(s) |
|-----------|---------|

2.2 Are you currently, or have you ever been, certified as a driver training school owner or instructor in the state of Georgia?
 Yes No

2.2.1 If you answered "Yes" to question 2.2, list your certification number: _____

2.3 Are you currently, or have you ever been, certified by the Department of Driver Services, as a risk reduction or driver improvement owner or instructor, or an ignition interlock operator, or an alcohol and drug awareness (ADAP) instructor?
 Yes No

2.3.1 If you answered "Yes" to question 2.3, indicate your certification type(s) and certification number(s):

SECTION 3: Applicant Qualifications

3.1 Are you a United States citizen?
 Yes No

3.1.1 If you answered "No" to question 3.1, are you legally present in the United States?
 Yes No

NOTE: Acceptable proof of citizenship or lawful presence may be required.

3.2 Are you currently employed with the Georgia Department of Driver Services?
 Yes No



3.3 Do you have a spouse, dependent child, dependent stepchild, or dependent adopted child that is currently employed with the Georgia Department of Driver Services?
 Yes No

3.4 Are you at least 21 years of age?
 Yes No

SECTION 4: Criminal History

4.1 Have you ever been convicted of or plead guilty or *nolo contendere* to any crime which constitutes a felony?
 Yes No

4.2 Have you been convicted of or plead guilty or *nolo contendere* to any misdemeanor involving fraud, dishonesty, or deceit within the ten (10) year period preceding the date of this application?
 Yes No

4.3 Have you been convicted of or plead guilty or *nolo contendere* to any other misdemeanor, including driving under the influence, within the five (5) year period preceding the date of this application?
 Yes No

4.4 Are you currently on probation for any criminal offense in this or any other state?
 Yes No

4.4.1 If you answered “Yes” to question 4.4, give the nature of probation in the area below.

| | | |
|---------|------------------|------|
| Offense | State and County | Date |
|---------|------------------|------|

| | | |
|---------|------------------|------|
| Offense | State and County | Date |
|---------|------------------|------|

4.5 Are there any criminal charges currently pending against you?
 Yes No

4.5.1 If you answered “Yes” to question 4.5, provide the nature of the charges below.

| | | |
|--------|------------------|------|
| Charge | State and County | Date |
|--------|------------------|------|

| | | |
|--------|------------------|------|
| Charge | State and County | Date |
|--------|------------------|------|

4.6 In the space provided below, list your complete criminal history for the previous ten (10) years, including charges that were dismissed, *nolle prossed*, or no-billed.

| | | | |
|---------|------------------|------|-------------|
| Offense | State and County | Date | Disposition |
|---------|------------------|------|-------------|

| | | | |
|---------|------------------|------|-------------|
| Offense | State and County | Date | Disposition |
|---------|------------------|------|-------------|

| | | | |
|---------|------------------|------|-------------|
| Offense | State and County | Date | Disposition |
|---------|------------------|------|-------------|

| | | | |
|---------|------------------|------|-------------|
| Offense | State and County | Date | Disposition |
|---------|------------------|------|-------------|

4.7 Have you received a pardon for any of the offenses listed in question 4.6 above?
 Yes No

4.7.1 If you answered “Yes” to question 4.7, attach a copy of the pardon.



SECTION 5: Driving History

5.1 Do you currently possess a valid driver's license?

Yes No

5.2 In the area provided below, list your driver's license information for the past five (5) years, including any previous states.

| Driver's License Number | State | Expiration Date | Years Licensed in State |
|-------------------------|-------|-----------------|-------------------------|
| | | | |
| | | | |

5.3 Is your driver's license or driving privileges currently cancelled, suspended, or revoked in this state or any other jurisdiction?

Yes No

5.4 Are there any pending cancellations, suspensions, or revocations against your driver's license?

Yes No

5.5 Has your driver's license been cancelled, suspended, or revoked within the past five (5) years?

Yes No

5.5.1 If you answered "Yes" to question 5.5, list the state(s) that revoked, suspended, cancelled, or denied your driver's license and the reason(s).

| State | Reason | Month/Year |
|-------|--------|------------|
| | | |
| | | |

5.6 List your complete driving history for the previous five (5) years, including pleas of *nolo contendere*.

Offense State and County Date Disposition

5.7 Are there any traffic charges currently pending against you?

Yes No

5.7.1 If you answered "Yes" to question 5.7, provide the nature of the charges below.

Charge State and County Date

Charge State and County Date



SECTION 6: 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.

I will refrain from abusing alcohol or other drugs, and from using illegal drugs.

I will submit all reports and information as specified in the DDS rules and regulations and will allow the examination and audit of the books, records, and financial statements of the driver training school by the Department of Driver Services.

The driver training school complies with the requirements set forth by the Americans with Disabilities Act of 1990.

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

| |
|--|
| |
|--|

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: On or around the date you submit your application please go ahead and 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 “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 on the following page:

- **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



Standard Business Hours

Risk Reduction Program Hours of Operation

Ga. Admin. Comp. Chapter 375-5-6-.19 Each program shall maintain business hours of at least fifteen (15) hours per week.

Driver Improvement Clinic Hours of Operation

Ga. Admin. Comp. Chapter 375-5-1-.10 (g) An employee of the clinic must be available during the hours of 10:30 a.m. to 5:00 p.m. to furnish information of operation, verify attendance to a class, or to produce the necessary records or documents whenever requested by a member of the Department. The clinic may close for a lunch hour at a set time, upon notice to the Department of the scheduled lunch hour.

Driver Training School Hours of Operation

Ga. Admin. Comp. Chapter 375-5-2-.11 (k) An employee of the driving training school and/or limited driver training school must be available during the hours of 10:30 to 5:00 p.m. to furnish information of operation, verify attendance to a class, or to produce the necessary records or documents whenever requested by a member of the Department. The school may close for a lunch hours at a set time upon notice to the Department of the scheduled lunch hour. Flexibility in the time may be observed as long as the school is open at least six (6) hours per day, at least three (3) hours of which must fall within the period of 10:30 a.m. to 5:00 p.m.

Ignition Interlock Device Provider Center Hours of Operation

Proposed Rule: Maintain a place where the ignition interlock device provider center will be located which is easily accessible and open during pre-established daily business hours. Provider centers shall maintain daily business hours of at least four hours per day, between the hours of 8:00 a.m. and 8:00 p.m., five days per week.

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 risk reduction programs, the hours must meet the more stringent requirements of the driver improvement program and maintain the minimum operation hours of 10:30 a.m. to 5:00 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 #: _____

**APPLICATION TO REGISTER A BUSINESS TO BE CONDUCTED
UNDER A TRADE NAME/ADOPTED BUSINESS NAME**

STATE OF GEORGIA
COUNTY OF _____

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY ARE

CONDUCTING A BUSINESS AT _____
(STREET ADDRESS)

IN THE CITY OF _____, COUNTY OF _____, IN THE
STATE OF GEORGIA UNDER THE TRADE NAME:

THE NATURE OF SAID BUSINESS IS _____

SAID BUSINESS IS COMPOSED OF THE FOLLOWING PERSON(S) OR CORPORATION

NAME(S)

ADDRESS(ES)

THIS AFFIDAVIT IS MADE IN ACCORDANCE WITH THE ACT OF THE GEORGIA
LEGISLATURE APPROVED AUGUST, 1929, AMENDED MARCH, 1937 AND MARCH, 1943.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____ 20_____.

NOTARY PUBLIC

This form is provided by the DDS as a sample and may be used by the Clerk of Superior Court. In no way is the Clerk of Superior Court required to use this form.

SURETY BOND FOR DRIVER TRAINING SCHOOL

Bond # _____

KNOW ALL MEN BY THESE PRESENTS: That we,

(Full Name of Driver Training School Including the Full Legal Name and any D/B/A Name)

as Principal, and _____
(Full Name of Insurance Company)

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 State of Georgia, 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 DRIVER TRAINING SCHOOL 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 obligates 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 for students who enter into the annexed contract with:

(Name of Driver Training School 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_____

ATTEST:

Signature (Witness)

Signature (Principal)

COUNTERSIGNED:

(Resident Agent Of Georgia)

Name: _____

(Address of Resident Agent)

Signature: _____

(Phone Number)

By: _____
(Attorney-in-Fact)