



## **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, or high school directors must undergo a fingerprint-based background check as designated by the Department of Driver Services. Instructions will be forthcoming after the application is received.
- 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 \$2,500 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 notarized certification of the adopted business name. 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 draft of the student contract, pre-numbered and pre-printed with school address and phone number (Form # RC-DT-102). Additionally, submit sample copies of all forms to be used by the school including the student daily log of instruction (Form RC-DT-106) and the class roster (Form # RC-DT-104).
- 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)
- 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.**

### **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.**





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):

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Drive Right   | <input type="checkbox"/> License to Drive    | <input type="checkbox"/> How to Drive |
| <input type="checkbox"/> ADTSEA        | <input type="checkbox"/> Licensed to Learn   | <input type="checkbox"/> RoadWise     |
| <input type="checkbox"/> Handbook Plus | <input type="checkbox"/> Responsible Driving |                                       |

**Approved Curricula for Driver Education Schools:**

- Drive Right – Prentice Hall, 1-800-896-7703, [http://www.phschool.com/atschool/drive\\_right](http://www.phschool.com/atschool/drive_right)
- ADTSEA – 1-800-896-7703, <http://adtsea.iup.edu/adtsea>
- Handbook Plus – Propulsion International, Inc., 888-444-7001, [www.propulsionint.com](http://www.propulsionint.com)
- License to Drive – 1-800-998-7498, [www.delmarlearning.com](http://www.delmarlearning.com)
- Licensed to Learn – AAA Traffic Safety, 813-289-5000, <http://www.aaa.biz>
- Responsible Driving – Glencoe/McGraw Hill, Toll Free: 1-800-731-2365, Metro: 770-613-028, [www.glencoe.com](http://www.glencoe.com)  
E-mail: [ase\\_reg@mcgraw-hill.com](mailto:ase_reg@mcgraw-hill.com)
- How To Drive – AAA Traffic Safety, 813-289-5000, <http://www.aaa.biz>
- RoadWise – 770-495-7088, [tdanzey@roadwiseamerica.com](mailto:tdanzey@roadwiseamerica.com)

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		
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

Offense State and County Date Disposition

Offense State and County Date Disposition

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:

# 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 TWO THOUSAND FIVE HUNDRED (\$2,500.00) 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 TWO THOUSAND FIVE HUNDRED (\$2,500.00) 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)

**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

<u>NAME(S)</u>	<u>ADDRESS(ES)</u>
_____	_____
_____	_____
_____	_____
_____	_____

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.

**CONTRACT NUMBER**

*(ALL CONTRACTS MUST BE PRE-NUMBERED AND IN DUPLICATE)*

**THIS SPACE IS FOR THE FULL NAME OF THE SCHOOL  
SCHOOL ADDRESS  
SCHOOL TELEPHONE**

Name: \_\_\_\_\_ Dates & Times of Instruction: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Location of Instruction: \_\_\_\_\_

Emergency Phone No.: \_\_\_\_\_ Type of Instruction:  30 Classroom only  30/6  Behind- the-Wheel Only

Date of Birth: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Permit/License No.: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

I, the undersigned student, agree to complete the above course of instruction for a fee of \$ \_\_\_\_\_, consisting of \_\_\_\_\_ hours of classroom instruction and \_\_\_\_\_ hours of behind-the-wheel instruction by the above-named Driver Training School. If additional behind-the-wheel instruction is requested, a fee of \$ \_\_\_\_\_ per hour is charged. A charge of \$ \_\_\_\_\_ will be assessed for the use of the school's vehicle or for picking up a student or taking the student to the desired destination upon completion of a lesson. It is understood that this driver training school is certified by the Georgia Department of Driver Services (DDS) in accordance with Georgia Law Title §43-13-1 (The Driver Training School and Commercial Driving Training School License Act) and that each instructor is certified by the Georgia Department of Driver Services.

**The student's successful completion of the above-named course requires each of the following:**

- 1. Punctual attendance for all sessions.
- 2. Reasonable attentiveness and participation in all classes.
- 3. Makeup classes for missed sessions.
- 4. Successfully passing a written examination with a grade of at least 70.

This driver training school will not refund any tuition or part of tuition if the School is ready, willing, and able to fulfill its part of this contract. I understand that if I fail to comply with the terms and conditions of this agreement, I am in breach of contract and the school will not be under any obligation to fulfill the terms of this contract, and may, at its option, terminate this agreement immediately.

It is agreed that an owner, instructor, or employee of this driver training school shall not give the impression directly or implied to a student that upon completion of the course the student will receive a license to operate a motor vehicle. However, immediately upon the student's successful completion of the course as described above, the driver training school agrees to provide certification of said completion to the student.

This driver training school has and will maintain for the protection of the contractual rights of the student a performance bond in the principal sum of twenty-five hundred (\$2500.00) dollars) for the students to be written by a company authorized to do business in the State of Georgia.

This agreement constitutes the contract between the above-named driver training school and the above-named student and no verbal statements will be recognized.

\_\_\_\_\_  
Signature of Student Date

\_\_\_\_\_  
Signature of Authorized School Representative Date

\_\_\_\_\_  
Signature of Parent or Guardian Date

# Driver Training Student Record of Instruction

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

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

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

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Contact Phone: \_\_\_\_\_

Permit/License #: \_\_\_\_\_

Learner's Permit Issue Date: \_\_\_\_\_

Contract #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

## Classroom Instruction:

	Date	Start Time	End Time	*Attendance Code	Instructor's Initials	Comments
Session 1						
Session 2						
Session 3						
Session 4						
Session 5						
Session 6						
Session 7						
Session 8						
Session 9						
Session 10						
Make-Up Session						

*\*Attendance Code: A - Absent P - Present S - Sick W - Withdrawn*

## Behind-The-Wheel Training:

	Date	Start Time	End Time	*Driving Code	Vehicle # or Tag #	Instructor's Initials	Comments
Session 1							
Session 2							
Session 3							
Session 4							
Session 5							
Session 6							
Session 7							
Session 8							

*\*Driving Code: IT - In Town I - Interstate O - Observation N - Night P - Parking RG - Range R - Residential*

*\*\* Observation time does not count towards the minimum six hours behind-the-wheel training.*

***This student has completed a minimum of 30 hours of classroom instruction and 6 hours of actual behind-the-wheel training and achieved a minimum score of 70 for the class.***

Instructor's Signature: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Instructor's Number: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Sample Class Roster**

**Driver Training School  
Class Roster**

**Name of School:** \_\_\_\_\_

**School Certification No.:** \_\_\_\_\_

**School Address:** \_\_\_\_\_  
*(Street # and Street Name) (City, State, Zip)*

**Instructor's Name:** \_\_\_\_\_

**Instructor's Certification No.:** \_\_\_\_\_

**Class Start Date:** \_\_\_\_\_

<b>Student Name</b>	<b>Date of Birth</b>	<b>Fees Paid</b>	<b>Date of Completion</b>	<b>Certificate of Completion #</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				



# 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	Time Open	Time Open	Time Open	Time Open	Time Open	Time Open
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Time Closed	Time Closed	Time Closed	Time Closed	Time Closed	Time Closed	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)