# *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 national and state fingerprint-based criminal background check. Refer to the attached fingerprint instructions (RC-GAPS-999) for more information. All applicants must use the Georgia Applicant Processing System (GAPS). *If you have been fingerprinted for any other Regulatory Compliance Division certification within the past six months, please provide the date of fingerprinting:* _____

**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. (AAA, 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.**

DDS
Georgia Department Of Driver Services

# *IMPORTANT NOTICE*

***Please be mindful that the most commonly omitted items from the Instructor/ Director Recertification Application are:***

## DUI

- ☐ Notarized Consent for Background Investigation Form (Form # RC-900)
- ☐ Georgia Applicant Processing System (GAPS), the fingerprint-based background check
- ☐ Continuing Education Certificates relating to Substance Abuse or any DDS designated training

## Driver Training

- ☐ Notarized Consent for Background Investigation Form (Form # RC-900)
- ☐ Georgia Applicant Processing System (GAPS), the fingerprint-based background check
- ☐ Authorization Letter/ Notarized Statement from the School
- ☐ Drug Screen Lab Report
- ☐ Applicant's Signature on the Physical Examination Form

## Driver Improvement

- ☐ Notarized Consent for Background Investigation Form (Form # RC-900)
- ☐ Georgia Applicant Processing System (GAPS), the fingerprint-based background check
- ☐ Curriculum Provider's Instructor Certification

## Ignition Interlock

- ☐ Surety Bond Continuation Form
- ☐ Current Certificate of Liability Insurance
- ☐ Current Manufacturer's Agreement signed by both parties
- ☐ 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

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

# Recertification Checklist for Instructor or Director

## SECTION 1: Applicant Information

| ☐ RRP Instructor | ☐ RRP Director | ☐ Driver Improvement Instructor | ☐ Driver Training Instructor | ☐ TPT Examiner |
|---|---|---|---|---|
| Cert. #_____ | Cert. #_____ | Cert. #_____ | Cert. #_____ | Cert. #_____ |
| Exp. Date_____ | Exp. Date_____ | Exp. Date_____ | Exp. Date_____ | Exp. Date_____ |

Last Name | First Name | Middle Name | Suffix

Date of Birth | Driver's License # | State of Issuance | Social Security #

Home Address | City | County | State | Zip Code

Mailing Address ☐ **Same as above** | City | County | State | Zip Code

Home Phone Number | Cell Phone Number | Work 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

**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

**1.6.2** Applicants that are not citizens of the United States must submit proof of lawful presence with application.

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

| PROGRAM NAME | CERTIFICATION # | LOCATION |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

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

| SCHOOL NAME | LOCATION |
|---|---|
| | |
| | |

**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

# Georgia Department of Driver Services
## Regulatory Compliance Division, 2206 East View Parkway, Conyers, GA 30013
# CONSENT FOR BACKGROUND INVESTIGATION

| OFFICE USE ONLY<br>FILE NUMBER: | OFFICE USE ONLY<br>DATE APPLICATION RECEIVED: | OFFICE USE ONLY<br>BACKGROUND<br>☐ DRIVER'S HIST<br>P F<br>☐ CRIMINAL HIST<br>P F | OFFICE USE ONLY |
|---|---|---|---|
| OFFICE USE ONLY | | | |

| APPLICANT TYPE: (OFFICE USE ONLY) | | | |
|---|---|---|---|
| ☐ DUI Risk Reduction | ☐ Owner | ☐ Director | ☐ Instructor |
| ☐ Driver Improvement | ☐ Owner | ☐ Instructor | |
| ☐ Driver Training | ☐ Owner | ☐ Instructor | |
| ☐ Third Party | ☐ Tester | ☐ Examiner | |
| ☐ Ignition Interlock | ☐ Owner/Operator | | |
| ☐ Chauffeur | | | |
| ☐ Commercial Veh. Training School | ☐ Owner | ☐ Instructor | |
| ☐ Motorcycle Safety | ☐ Coach | | |

| Last Name | First Name | Middle | Date of Birth (MM/DD/YYYY)<br>/ / |
|---|---|---|---|
| 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)?<br>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 national and state 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 System (GAPS) to satisfy the statutorily required national and state 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 NCIC, 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**: **By the time you submit your application you should already 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 the "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 the "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 Regulated Programs". Based on the certification you are seeking, use the following reason code and verification code:

- **Driver Training School Owner or Third Party Tester**:
  Reason Code: DDS Regulated Programs (DT Owner)
  ORI/OAC – GA922983Z; Verification Code – 922983Z

- **Driver Training Instructor or Third Party Examiner**:
  Reason Code: DDS Regulated Programs (DT Instructor)
  ORI/OAC – GA922983Z; Verification Code – 922983Z

- **Driver Improvement Instructor or Owner**:
  Reason Code: DDS Regulated Programs (DI)
  ORI/OAC – GA922983Z; Verification Code – 922983Z

- **DUI Alcohol or Drug Risk Reduction Instructor, Director or Owner**:
  Reason Code: DDS Regulated Programs (DUI)
  ORI/OAC – GA922983Z; Verification Code – 922983Z

- **Limousine Chauffeur Endorsement**:
  Reason Code: DDS Regulated Programs (Chauffeur)
  ORI/OAC – GA922983Z; Verification Code – 922983Z

- **Ignition Interlock Provider Center Owner or Installer**:
  Reason Code: DDS Regulated Programs (IIP)
  ORI/OAC – GA922983Z; Verification Code – 922983Z

- Leave the checkbox unchecked for the question of "Does another agency make the fitness determination?"
- Customers may choose between three methods of payment: credit card, money order, or cashier's check.
- Money orders and cashier's checks must be made payable to "Cogent Systems" and should be taken to the GAPS location.
- Fees for all the DDS regulated programs are $52.75. A link for the fees can be found under the "General Information" section on the GAPS website below:

  http://www.ga.cogentid.com/index.htm
- *Cash and personal 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 under the "Registration" Section using the "Registration Receipt" link.

### *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 "Identification Needed for Fingerprinting" link under the "Print Site Locations" section.