



DUI Alcohol or Drug Use Risk Reduction Program Director Application Checklist

- All applicants must sign the Statement of Completion at the bottom of this page and include with the application.
- All applicants are required to complete all sections of the application.
- 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).
- All applicants must 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 a notarized letter, signed and dated, from the risk reduction program owner, appointing the applicant as program director.
- Submit a certificate of completion, or a letter from the owner or director, verifying completion of the 20-hour intervention component of the risk reduction program.

**Education Requirements/Employment Verification**

- Submit a copy of an official college transcript awarding an undergraduate or graduate degree in education, the social sciences, counseling, law, business or related field.
- OR**
- Submit a copy of a high school diploma or GED equivalent. **AND**
  - Submit documentation of at least two years of relevant work experience detailing at least 20 or more hours per week, paid work experience in alcohol and drug prevention and intervention education, substance abuse counseling, operation or management of a service-oriented business or teaching adolescents or adults. Documentation of relevant work experience must be on company letterhead, signed by a person of authority. The documentation must include dates worked, duties performed, subjects or programs taught, and hours per week worked.

**STATEMENT OF COMPLETION**

I hereby certify that this application includes all documents 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.

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Printed Name	Legal Signature	Date
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Please submit application 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 DUI Director Application are:***

- Official High School or College Transcript
- Notarized Consent for Background Investigation Form (Form # RC-900)
- Georgia Applicant Processing System (GAPS), the fingerprint-based background check
- Notarized letter, signed and dated, from the risk reduction program owner, appointing the applicant as program director

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



# DUI Alcohol or Drug Use Risk Reduction Program Director Application

## SECTION I: Applicant Information

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	<input type="checkbox"/> 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 Have you been fingerprinted within the past six (6) months for any other DDS program (i.e. driver improvement, driver training)?**  
 Yes  No

**1.1.1 If you answered "Yes" to question 1.1, indicate in the space provided below the program(s) for which you were fingerprinted and the date(s).**

Program(s)	Date(s)
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**1.2 Are you currently, or have you ever been, certified as a risk reduction program owner, director or instructor in the state of Georgia?**  
 Yes  No

**1.2.1 If you answered "Yes" to question 1.2, list your certification number or the program name(s):**

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

**1.3.1 If you answered "Yes" to question 1.3, indicate your certification type(s) and certification number(s):**

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**1.4 List the name of the risk reduction program where you will be employed as director:**

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**SECTION 2: Applicant Qualifications**

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2.1 Are you a United States citizen?

Yes  No

2.1.1 If you answered "No" to question 2.1, can you provide proof of lawful status to be in the United States?

Yes  No

2.2.2 Applicants that are not citizens of the United States must submit proof of lawful status with application.

2.2. Are you currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Behavioral Health and Developmental Disabilities?

Yes  No

2.3 Do you have a spouse, dependent child, dependent stepchild, or dependent adopted child that is currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Behavioral Health and Developmental Disabilities?

Yes  No

2.4 Are you currently under a contractual agreement to provide services, or affiliated with an entity that provides services, to the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Behavioral Health and Developmental Disabilities?

Yes  No

2.4.1 If you answered "Yes" to question 2.4., please list the nature of the contractual agreement and the entity if applicable:

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2.5 Are you currently employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?

Yes  No

2.6 Do you have a spouse that is employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?

Yes  No

2.7 Do you own, manage, or operate a private company that has contracted to provide probation services for misdemeanor cases in this or any other state?

Yes  No

2.7 Are you at least 21 years of age?

Yes  No

**SECTION 3: Educational Experience**

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Name of High School	City/State	Diploma Obtained?	GED?	Date Obtained
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Name of College/University	City/State	Degree Obtained?	Major Field of Study	Dates Attended
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		



**SECTION 4: 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 and 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 risk reduction program by the Department of Driver Services.

I hereby authorize the release to DDS of any information necessary for the determination of my application for director 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"/> For-hire License Endorsement			
<input type="checkbox"/> Commercial Veh. Training School	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Motorcycle Safety	<input type="checkbox"/> Coach		

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)? <b>Yes      No</b>	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, or plead nolo contendere to any crime, whether felony or misdemeanor, in this state, in any other state, or in the federal system within the past ten (10) years?  Yes     No

Have you ever served time for any crime, whether felony or misdemeanor, in this state, in any other state, or in the federal system within the past ten (10) years?  Yes     No

Have you ever been on probation or parole for any crime, whether felony or misdemeanor, in this state, in any other state, or in the federal system within the past ten (10) years?  Yes     No

Do you have a charge(s) or a court hearing pending, or are you under indictment or accusation for any crime?  Yes     No

**If you answered "yes" to any of the above, please note the offense, date and location 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 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 regulated program areas listed below 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.***

*Driver Training School Owners/Directors/Instructors  
Driver Improvement School Owners/Instructors  
DUI/Risk Reduction School Owners/Directors/Instructors  
Third Party Testers/Examiners  
Ignition Interlock Provider Center Owners  
For-hire License Endorsement  
Commercial Vehicle Driver Training School Owner/Instructor/Tester/Examiner  
Motorcycle Safety Coach*

***NOTE: If you have been fingerprinted through GAPS for any DDS regulated program within the past 6 months, your fingerprint results may be used for any additional application(s) submitted for DDS regulated programs during the following 6 month period. Please indicate on your application the date you were previously fingerprinted.***

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.

Out of state applicants may choose to submit fingerprint cards for an additional charge of \$8. Registration is still required through the GAPS website. Please review the "How to Submit Ink Cards" section on the GAPS Home page for detailed instructions.

Additional information regarding GAPS processes, policies, fees, and print locations may be found at [www.ga.cogentid.com](http://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>
- Click on the "Find A Fingerprint Location" 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. You may also use the Google Map feature which will show sites located near your current location and provide directions.

### **Step 2: Register.**

- From the GAPS Home page, click on the “Applicant Registration” option. This will take you to a page with a listing of multiple agencies.
- Click on the “Department of Driver Services (DDS)” button. You will be taken to the DDS landing page with our contact information. Click on the “Register to be Fingerprinted” button.
- Read the Privacy Rights and click the box to accept the terms. Click “Continue”.
- Select your Reason Code from the dropdown box (CDL, Third Party, and Motorcycle Safety Coaches should use the DT reason codes). Complete the web form with your personal data and payment information. Payment is by money order or credit card. 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.
- Money orders must be made payable to “Cogent Systems” and should be taken to the GAPS location.
- Fees for all the DDS regulated programs are \$51.00. A link for the fees can be found under the “Fees” section on the GAPS website below:  
<http://www.ga.cogentid.com/index.htm>
- **Cash and checks are not accepted.**
- Once all information has been entered, click “Continue”. Review your information and if everything is okay, click “Submit”.

### **Step 3: Print your Receipt.**

- A screen appears prompting you to either print your registration receipt or email it.
- If you lose your registration receipt, you can obtain a replacement under the “Reprint Registration Receipt” section located on the GAPS Home page.

### **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 review the FAQ section on the GAPS Home page for information regarding what forms of identity are required when you are fingerprinted.