



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 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 must submit a notarized Consent for Background Investigation Form. (Form # RC-900)
- Submit (1) photograph taken within 30 days of application submission.
- 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.

Printed Name

Legal Signature

Date

**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 1: 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) |
|------------|---------|

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):

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):

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



SECTION 2: Applicant Qualifications

2.1 Are you a United States citizen?

Yes No

2.1.1 If you answered "No" to question 2.1, are you legally present in the United States?

Yes No

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

2.2 Are you currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Resources?

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 Human Resources?

Yes No

2.4 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

2.5 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

2.6 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: Criminal History

3.1 Have you ever been convicted of or plead guilty or *nolo contendere* to any crime which constitutes a felony in this or any other state?

Yes No

3.2 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 in this or any other state?

Yes No

3.3 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 in this or any other state?

Yes No

3.4 Are you currently on probation for any criminal offense in this or any other state?

Yes No



3.4.1 If you answered “Yes” to question 3.4, give the nature of probation in the area below.

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

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

3.5 Are there any criminal charges currently pending against you?

Yes No

3.5.1 If you answered “Yes” to question 3.5, provide the nature of the charges below.

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

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

3.6 In the space provided below, please 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 |
|---------|------------------|------|-------------|

3.7 Have you received a pardon for any of the offenses listed in question 3.6 above?

Yes No

3.7.1 If you answered “Yes” to question 3.7, attach a copy of the pardon.

SECTION 4: Driving History

4.1 Do you currently possess a valid driver’s license?

Yes No

4.2 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 |
|-------------------------|-------|-----------------|-------------------------|
| | | | |
| | | | |
| | | | |

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

Yes No



4.4 Are there any *pending* cancellations, suspensions, or revocations against your driver's license?
 Yes No

4.5 Has your driver's license been cancelled, suspended, or revoked within the past five (5) years?
 Yes No

4.5.1 If you answered "Yes" to question 4.5, list the state(s) that revoked, suspended, cancelled, or denied your driver's license and the reason(s).

| State | Reason | Date |
|-------|--------|------|
| | | |
| | | |

4.6 In the space provided below, list your complete driver's history for the previous five (5) years, including pleas of *nolo contendere*.

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

4.7 Are there any traffic charges currently pending against you?
 Yes No

4.7.1 If you answered "Yes" to question 4.7, provide the nature of the charges below.

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

SECTION 5: Educational Experience

| 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 | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |



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.

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 operations guidelines, 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"/> Chauffeur | | | |
| <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)? 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? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? | | | <input type="checkbox"/> Yes <input type="checkbox"/> 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 System (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 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 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/perl/pub/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