

Instructions for Risk Reduction Program Application

1. Complete, in entirety, the program application and all attachments. Do not leave any question or section blank. A Notary Public must notarize this application.

The Following Must Accompany The Application:

2. All owners, partners, and principal stockholders of the program must answer the questions in Section II & III of the application on an additional sheet of paper. The following must be attached for **each** owner, director, partner, or principal stockholder of the Program:
 - a. One (1) photograph, taken within thirty (30) days of filing this application, showing a full view of the face, neck, shoulders, and uncovered head.
 - b. Complete & notarized Consent for Background Investigation form.
3. Program Director Application. (Attached)
4. Verification of education /experience for the Program Director.
5. A continuous surety bond in the principal sum of ten thousand dollars (\$10,000.00) for the protection of the contractual rights of the students. The surety bond, as specified, must be written by a company authorized to do business in the State of Georgia. (Attached Risk Reduction Program surety bond form is required).
6. A copy of the Risk Reduction Program business license.
7. A draft of the student assessment and intervention contracts to be used by the program. Student contracts must be pre-numbered and printed in duplicate. The program name, address, and phone number must be printed on the contract. (Sample of student contracts attached)
8. A copy of a fire inspection report dated within 90 days of filing the application indicating no violations and verifying the facility is ready for occupancy.
9. A list of all instructors that will be teaching at the program.
10. A copy of the Certificate of Incorporation from the Secretary of State if the Program is a corporation.
11. A signed copy of your Lease Agreement or written approval to use a public facility, if applicable.
12. Completed Hours of Operation form. (See form attached)
13. Business Plan. (Form attached)
14. Complete attached Letter of Intent unless the Owner will be the Instructor.

Once you have submitted your completed application packet, you will receive from DDS instructions on completing the fingerprint-based background investigation.

Before any certificate to operate a Risk Reduction Program can be issued, all contracts and forms must be approved, and the Program facility must be inspected and approved. Additionally, the program owner(s) and director(s) must document completion of the 20-hour intervention component by submitting a certificate of completion from a certified Risk Reduction Program. You will be contacted to schedule a site visit when your application is processed. Your facility must be inspected and approved before any certification to operate a DUI, Alcohol or Drug Use Risk Reduction Program is issued. Instructions for securing a contract with ADE, Inc. for the assessment component, and Prevention Research (PRI) for the intervention component will be provided at the time of your site inspection.

Mail the application and all attachments to:
Georgia Department of Driver Services
Regulatory Compliance Division
P.O. Box 80447
Conyers, Georgia 30013

**STATE OF GEORGIA
DEPARTMENT OF DRIVER SERVICES
REGULATORY COMPLIANCE DIVISION
POST OFFICE BOX 80447
CONYERS, GEORGIA 30013**

Date Issued

Date Expires

APPLICATION FOR RISK REDUCTION PROGRAM CERTIFICATION

Section I – General Information

1. Name of Program: _____
(The Full Legal Name and any D/B/A Name)
1. Contact Person _____ Cell Phone # _____
3. E-Mail Address _____
4. Business Address _____
(Street) (City) (County) (Zip)
5. Mailing Address _____
(Street) (City) (County) (Zip)
6. Telephone # _____ Fax # _____
7. Is this application for a satellite program? Yes No

Section II – Owner Background Information

SECTIONS II & III MUST BE COMPLETED FOR EACH OWNER, PARTNER, CORPORATE OFFICER OR ANY OTHER PERSON HOLDING A 25% FINANCIAL INTEREST IN THE APPLICANT PROGRAM. (Make copies of this section if needed)

1. Full Name _____ Title _____
1. Legal Residence Address _____
2. Mailing Address _____
4. Home Telephone # _____ Work Telephone # _____
5. Cell Phone # _____ E-Mail Address _____
6. Occupation _____
7. Are you, your spouse or dependent children (including stepchildren) an employee of the Department of Driver Services? Yes No If so, please explain: _____

8. Are there any proceedings now pending against you relative to any crime, misdemeanors, or other violations?
Yes No If yes, please explain: _____

Section III – Supplementary Information

1. Have you ever been convicted of a traffic violation? Yes No If so, when? _____
What was the offense? _____ Location of the offense? _____
More than once? Yes No

2. Have you ever been licensed in any other state? Yes No If so, what state? _____
For how long? _____

3. Did you ever have a Driver's license revoked, suspended, cancelled, or denied in Georgia or any other state?
Yes No If so, where and when? _____ Give
last date _____ Have you been licensed since that time? Yes No
If yes, give date last license was issued _____

3. Are there any proceedings now pending against you relative to any crime, misdemeanor or violation?
Yes No If so, give particulars _____

5. Have you ever been addicted to drugs and/or alcohol? Yes No
If yes, are you in total abstinence? Yes No

6. Have you ever sought treatment for alcohol or drug abuse? Yes No If yes, when? _____

7. Have you fully complied in every respect with the rules and regulations governing the Risk Reduction Program?
Yes No

8. List the names and addresses for each owner, partner or principal stockholder of a corporation. (Any individual listed in this section must answer the questions in **Sections II & III** on an additional sheet of paper and attach it along with the required fingerprint cards and photographs.

APPLICANT'S STATEMENT

This is to certify that I am either an owner, partner, corporate officer, or corporate director or that I am an authorized representative of a non-profit organization, applying for certification to operate a DUI, Alcohol or Drug Use Risk Reduction Program. The information I have provided in this application and on the attachments are complete, true and correct. In the event this information changes, I will provide written notice of these changes to the Risk Reduction Programs. Failure to provide current updated information may result in a delay or denial of Program Certification.

I have read the rules and regulations for the DUI, Alcohol or Drug Use Risk Reduction Program, and the Program Location and Facilities Information, and understand that I am responsible for complying with all laws, program rules, guidelines and requirements.

I FURTHER UNDERSTAND AND AGREE TO COMPLY WITH THE FOLLOWING RULES:

1. No employee of the Georgia Department of Driver Services (DDS), nor any employee's spouse, dependent child, dependent stepchild or dependent adopted child shall be an owner, director, instructor, employee, or agent in any DDS certified Risk Reduction Program.
2. No judge, public or private probation employee, law enforcement officer, employee of a court, or his or her spouse, dependent child or dependent stepchild, shall be an owner, director, instructor, employee, or agent in any DDS certified Risk Reduction Program.
3. No person shall own, direct, instruct in, be employed by or be an agent of any DDS certified Risk Reduction Program if it would pose an actual, potential, or apparent conflict of interest due to the existence of a fiduciary relationship with any student or offender or due to the existence of any other relationship that would place the owner, director, instructor, employee or agent in a position to exert undue influence, exploit, take undue advantage of or breach the confidentiality of any student or offender.
4. 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.
5. I will refrain from abusing alcohol or other drugs, or from using illegal drugs.
6. I will submit all reports and information as specified in the rules and regulations, and operations guidelines, and will allow the examination and audit of the books, records, and financial statements of my risk reduction program by the Department of Driver Services.
7. I will pay to the State of Georgia for the costs of administration, a \$15.00 fee for each student assessed.
8. I hereby authorize the release to DDS of any information necessary for the determination of my application for program 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.

TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT IN THIS APPLICATION WILL RESULT IN THE DENIAL OF YOUR APPLICATION, OR THE CANCELLATION OF YOUR CERTIFICATION.

Signature Date

Position in Program (owner, partner, officer of corporation, stockholder, authorized representative of non-profit organization)

Sworn to before me this _____ day of _____, _____.

Notary (seal required)

*** If more than one owner, provide affidavit for each owner.**

GEORGIA DEPARTMENT OF DRIVER SERVICES
2206 East View Parkway, P.O. Box 80447, Conyers, GA 30013

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			

CONSENT FOR BACKGROUND INVESTIGATION

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 a Certificate (to operate a Commercial Truck Driving School, Driver Improvement School, Risk Reduction Program and/or to become an Instructor) to be issued by the Department of Driver Services (DDS). I understand that my criminal history and driver's history will be checked, and 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 for 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: _____	

Regulatory Compliance Division

10. Have you had previous DDS certification as: RRP Instructor Owner No Previous Cert.

11. If previously certified, please indicate date(s): _____

Was your Program or Instructor Certification ever suspended or revoked? Yes No

If yes, please provide dates: _____

12. Please describe any experience you have had in the teaching of adolescents or adults; alcohol and drug prevention and intervention education; substance abuse counseling; or operation or management of a service oriented business. Indicate length of service in description [you may attach additional sheets if necessary].

13. EDUCATION

Name of School/College	City/State	Field of Study/Major	Dates Attended (to/from)	Diploma/Degree

Please indicate any specialized credentials you may have [i.e., CAC certification]: _____

14. Are you a citizen or legal resident of the U.S.? Yes No

If not a citizen, attach documentation of legal residency.

15. Do you have a current Georgia Driver's License? Yes No

If yes, indicate number of years licensed in Georgia: _____ *License Number* _____

16. Have you ever been licensed in another State? Yes No

If yes, in what State? _____ *How long?* _____

17. Have you had a driver's license revoked, suspended, cancelled *or* denied in Georgia, or in any other State in the last 3 years? Yes No

If yes, when and where? _____

Have you been re-licensed since that time: Yes No

18. Have you ever been arrested for any reason? Yes No

If yes, please complete the following:

Arrest Location	Month/Year	Charge(s)	Disposition of Charge(s)

If you have any arrests where charges were dismissed, please submit documentation.

19. Are there any proceedings currently pending against you relative to any crimes, misdemeanors or violations? Yes No

If yes, please provide details: _____

20. Do you presently abuse alcohol or drugs or use illegal drugs? Yes No

Have you ever been addicted to alcohol or other drugs? Yes No

If yes, are you now totally abstinent? Yes No

How long have you been in recovery? _____

21. Have you been certified by Prevention Research Institute (PRI) to teach any of their alcohol/drug curricula? Yes No

If yes, Name of Curriculum _____ *Date Certified* _____

APPLICANT'S STATEMENT

This is to certify that I am applying for certification to be a director for certified DUI, Alcohol or Drug Use Risk Reduction Program and that all information contained on this application and the attached documents is true and correct. I have read the rules and regulations for the DUI, Alcohol or Drug Use Risk Reduction Program and understand that I am responsible for complying with all Program requirements.

I FURTHER UNDERSTAND AND AGREE TO COMPLY WITH THE FOLLOWING RULES:

1. No employee of the Georgia Department of Driver Services, nor any employee's spouse, dependent child, dependent stepchild or dependent adopted child shall be an owner, director, instructor, employee or agent in any DDS certified Risk Reduction Program.
2. No judge, public or private probation employee, law enforcement officer, employee of a court or his or her spouse, dependent child or dependent stepchild shall be an owner, director, instructor, employee or agent in any DDS certified Risk Reduction Program.
3. No person shall own, direct, instruct in, be employed by, or be an agent of any DDS certified Risk Reduction if it would pose an actual, potential, or apparent conflict of interest due to the existence of a fiduciary relationship with any student or offender or due to the existence of any other relationship that would place the owner, director, instructor, employee or agent in a position to exert undue influence, exploit, take undue advantage of or breach the confidentiality of any student or offender.
4. 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 and the Department of Motor Vehicle Safety upon request.
5. I will refrain from abusing alcohol or other drugs, or from using illegal drugs.
6. I will submit all reports and information as specified in the rules and regulations and operations guidelines, and will allow the examination and audit of the books, records, and financial statements of my risk reduction program by the Department of Driver Services.
7. 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.

TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT IN THIS APPLICATION WILL RESULT IN THE DENIAL OF YOUR APPLICATION OR THE CANCELLATION OF YOUR CERTIFICATION.

Signature

Date

Sworn to before me this _____ day of _____, _____.

Notary

(seal required)

Risk Reduction Program Hours of Operation

Program ID Number: _____ Program Name: _____

Program Location: _____

Hours of Operation (Monday – Friday):

Opening at _____ and Closing at _____

Lunch Hour (Not more than 60 minutes):

Beginning at _____ and Ending at _____

Planned Closures (Month and Day)

Starting on _____ and Ending on _____

Starting on _____ and Ending on _____

Starting on _____ and Ending on _____

***** The Department must receive two week written notice of any business hours change*****

290-4-10-.18(8) Business hours. Each program must maintain pre-established daily business hours of at least six hours per day between the hours of 8:00 AM and 8:00 PM five days per week, exclusive of class time. Programs must follow the holiday and vacation closing policy specified by the department in the operations guidelines. A staff person must be available during business hours to answer the telephone, furnish information about the program's operation, verify services provided, and to produce records and documentation requested by the department. Program offices cannot be open during class time unless there is a separate program office and entrance to accommodate program activities with no disruption of class. The full program name and business hours must be displayed and clearly visible from the outside of the premises.

Hours of Operation Certified By: _____
(Signature of Program Owner)

NAME OF PROGRAM
DDS PROGRAM CERTIFICATION NUMBER
ADDRESS
TELEPHONE NUMBER

ASSESSMENT COMPONENT CONTRACT

Name: _____ Assessment Date: _____

Address: _____ Location: _____

City/State/Zip _____ Amount Paid: \$75.00

Phone: Home (_____) Social Security #: _____

Work (_____)

Date of Birth: _____ Person Administering Assessment: _____

Driver's License # / State: _____

I, the undersigned client, agree to complete the Assessment Component administered by the above-named DUI, Alcohol or Drug Use Risk Reduction Program. It is understood that this Program is certified by the Department of Driver Services in accordance with Georgia Law Title 40-5-82, 40-5-83, and the Rules and Regulations promulgated thereunder; and that this Program is certified by the Department of Driver Services to administer the Assessment Component.

ABOVE-NAMED CLIENT AGREES TO THE FOLLOWING CONDITIONS:

1. To pay assessment fee at time of registration. Client may not take the assessment until the \$75.00 fee has been paid.
2. Assessment is valid for a one-year period. If the client does not enroll in the Intervention course within the one-year period, another assessment and assessment fee will be required.
3. This assessment is valid only for the conviction(s) or plea(s) of nolo contendere for which you are currently enrolling. Any other conviction(s), plea(s) of nolo contendere will require another assessment.
4. The assessment cannot be transferred to any other certified Program, including programs under the same ownership. Client must be prepared to complete course requirements at the location where the assessment was taken. Programs must have a minimum of five students to hold a class. In the unlikely event a program has to cancel a class for which you have enrolled and paid, you are entitled to have your assessment transferred one time to any DUI School in the State.
5. You are responsible for providing correct and accurate information on the assessment. The assessment fee will not be refunded if you provide incorrect information and the assessment is determined to be "invalid."
6. The assessment must be completed before the student begins the Intervention course.
7. If you are required to complete a Clinical Evaluation, there will be an additional fee of \$10.00 to transfer the assessment information to the Clinical Evaluator of your choice.

ABOVE-NAMED PROGRAM AGREES TO THE FOLLOWING CONDITIONS:

1. This Program has, and shall maintain for the protection of the contractual rights to the clients, a performance bond written by a bonding company authorized to do business in the State of Georgia.
2. This Program will not refund any fees if the Program is willing and able to fulfill all terms of this contract.
3. This Program shall provide the client with a written schedule of classes for the current quarter, to include dates, times and location of class. The client shall receive this information **before taking the assessment.**
4. Upon receipt of the \$10.00 transfer fee, and signed authorization, the program shall forward the assessment results to the chosen Clinical Evaluator within five (5) business days.

This agreement constitutes the contract between the above-named DUI, Alcohol or Drug Use Risk Reduction Program, and the above-named client and no verbal statement will be recognized.

THIS AGREEMENT CONSTITUTES A RECEIPT FOR PAYMENT OF ASSESSMENT FEES. Assessment fees are set by Georgia law. No Program may charge more or less.

The above-named client acknowledges that he/she has read this agreement or that it has been read to him/her, and that he/she has received a written schedule of classes, and that he/she can complete class at this program location. Client and Program understand their respective responsibilities and agree to the terms of this contract.

SIGNATURE OF CLIENT

DATE

SIGNATURE OF AUTHORIZED PROGRAM OFFICIAL

DATE

SURETY BOND FOR DUI, ALCOHOL OR DRUG USE RISK REDUCTION PROGRAM

Bond # _____

KNOW ALL MEN BY THESE PRESENTS: That we,

(Full Name of DUI, Alcohol or Drug Use Program Including the Full Legal Name and any D/B/A Name)

as Principal, and

a corporation organized and existing under the laws of the State of _____

and authorized to do business in the State of Georgia, for 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 OBLIGATIONS ARE SUCH THAT:

WHEREAS, the above mentioned Principal has made application to the DEPARTMENT OF DRIVER SERVICES for a certificate to operate a DUI, Alcohol or Drug Use Risk Reduction Program under the provisions as set out in O.C.G.A. 40-5-83, representing by said application and by these presents, that all the statements set forth in said application and all of the written evidence or other probative matter filed in connection with such application, are true; and obligating itself and its agents to faithful compliance with all provisions of O.C.G.A. 40-5-83 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. Title 40 for the protection of the contractual rights of students who enter into the annexed contract with _____.

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, representations 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.

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:

Principal

Witness Countersigned

Name

Resident Agent of Georgia

Signature

Address of Resident Agent

By: _____
Attorney-in-Fact

Telephone Number

DUI, ALCOHOL OR DRUG USE RISK REDUCTION PROGRAM

BUSINESS PLAN

NOTE: This document is a planning tool only, and its acceptance by the Department for certification of a Risk Reduction Program in no way implies success or failure in a new business venture.

PROGRAM NAME: _____

➤ **BUSINESS DESCRIPTION**

1. Describe the business you are entering without using the words "*DUI*" or "*Risk Reduction Program*".

➤ **MARKET ANALYSIS**

1. Who are your customers?

2. Why do they buy your service?

3. When do they buy?

4. What are their expectations for quality and service?

5. On what basis do they select a program?

6. What area do you plan to serve? *{list all towns and counties below}*

7. List the courts in your services area that adjudicate DUI and drug possession cases, and the number of cases prosecuted through each court for the most recent twelve (12) months for which data are available. *{Attach a table displaying this information}*

8. Estimate your market share for each month of your first two years of operation. *{Note: That Only about 50 percent of persons eligible to attend the RRP actually complete the program. Numbers will vary from month to month, because of seasonal patterns.}*

<u>1st Year</u>		<u>2nd Year</u>	
<u>Month</u>	<u>Numbers</u>	<u>Month</u>	<u>Numbers</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Estimate what the market will be in five (5) years. Will it increase or decrease? State your sources and assumptions.

10. What factors will impact market size in the future?

➤ **COMPETITION**

1. List all Risk Reduction Programs that are currently in your service area.

2. How many programs in your service area went out of business in the past year?

3. How often does each program in your service area hold class?

4. How will your program compare with your competitors in *service, location, schedule* or *other features*?

5. Describe the key features of your service and the benefits to potential customers.

6. The strong points about my program (my competitive edge) will be:

➤ **MARKETING STRATEGY**

1. What image of your business do you want customers to have?

2. How do you plan to advertise your business or generate awareness of your service among potential customers? *(Please carefully review the rules and regulations concerning "advertising".)*

3. Discuss the location of your *business*, your *facilities*, your *planned days and hours of operation*, and your *staffing plans*. Explain how these will impact your market share?

➤ **MANAGEMENT AND ORGANIZATION**

1. Attach an organizational chart for your program. Indicate all full and part-time persons who will be directly involved in the operation of the program.

➤ **FINANCIAL INFORMATION**

1. Attach an itemized yearly projected Profit/Loss Statement for the first two years of operation. Income projections must be based on your Estimated Market Share. Please indicate if you have income from another source (such as co-located Defensive Driving Program) and, name the sources of other income.

2. Estimate projected break-even yearly number of students.

INSTRUCTOR LETTER OF INTENT

I, _____,
(Risk Reduction Program Instructor Name)

**Certification Number _____, am a certified DUI, Alcohol or
Drug Use Risk Reduction Program Instructor and have met all of the
Requirements as outlined by the Georgia Department of Driver Services.**

***I do hereby voluntarily sign this LETTER OF INTENT, thereby indicating
my willingness to perform the duties of a Risk Reduction Program Instructor
at the Risk Reduction school tentatively named _____
_____.***

Risk Reduction School owned by _____

Risk Reduction Program Instructor

Date

Rev. 6/7/07