Program Name Change Checklist

PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED

- ☐ All applicants—including partners, corporate officers, and/or controlling stockholders—must sign the Statement of Completion at the bottom of this page and include with the application. You may photocopy pages as necessary.
- ☐ All applicants—including partners, corporate officers, and/or controlling stockholders—must sign the Applicant Affirmation (Section 2) and include with the application. You may photocopy pages as necessary.
- ☐ Submit a surety bond rider amending the program name. A separate surety bond rider is required for each certified program.
- ☐ Submit a copy of the updated program business license. Business licenses are required for each location.
- ☐ Submit revised copies, showing the new program name, of all student contracts and materials furnished to students.
- ☐ If incorporated, submit a copy of the Certificate of Incorporation from the Secretary of State; ***or***
- ☐ Submit a copy of the adopted business name form that you have registered with the County Clerk's office where your business is located. The notarized certification that is required by our department is obtained from the Clerk of the Superior Court (Form # RC-700).

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, Georgia 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 Program/ School/ Clinic Name Change Application are:

- ☐ Surety Bond Rider
- ☐ Updated Contracts
- ☐ New Business License

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

DDS
Georgia Department Of Driver Services

Program Name Change Application

SECTION 1: Program Information

1.1 Which programs will be affected? Provide certification #.

☐ Risk Reduction # _____ ☐ Driver Improvement # _____ ☐ Driver Training # _____
☐ Third Party Testing # _____ ☐ Ignition Interlock # _____

1.2 Name of program as it is currently certified by the Department of Driver Services:

_____
Full Legal Name

_____
Trade Name/DBA, if applicable

1.3 Proposed new program name:

_____
Full Legal Name

_____
Trade Name/DBA, if applicable

1.4 What is the proposed effective date of the program name change?

Date: _____

1.5 Provide the address of the main program location:

_____
Physical Address City State County Zip Code

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

1.6 Provide the contact information for the program:

_____
Primary Phone Number Facsimile Number

_____
Email Address Website

_____
Contact Name Title Phone Number Email Address ☐ **Same as above**

☐ **I would prefer all correspondence be mailed to the mailing address above.**
Unless the box is checked, all correspondence related to this application will be emailed.

1.7 Does the name change affect more than one program location?
☐ Yes ☐ No

1.7.1 If yes, list the physical address and program certification #'s for each location. Indicate if any of the programs are satellite locations. Include a separate page if additional space is needed.

Physical Address	City	State	County	Zip Code	Certification #'s	Satellite?
Physical Address	City	State	County	Zip Code	Certification #'s	Satellite?
Physical Address	City	State	County	Zip Code	Certification #'s	Satellite?

1.8 Have you reviewed the applicable program rules and regulations to ensure the new name complies with the requirements?
☐ Yes ☐ No

1.9 Is the name change associated with a change in ownership, partners, or the corporation of the entity originally certified by the Department of Driver Services?
☐ Yes ☐ No

1.9.1 If you answered "Yes" to question 1.9, provide details of the change: _____

_____

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 have reviewed and complied with all program rules and regulations related to this name change.

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 and records by the Department of Driver Services.

I hereby authorize the release to DDS of any information necessary for the determination of my application for program name change. 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

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

NAME(S)	ADDRESS(ES)
_____	_____
_____	_____
_____	_____
_____	_____

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.