



## Program Relocation Checklist

**PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED**

- All applicants—including owners, 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 this form as necessary.
- Submit a surety bond rider amending the program address to reflect the new facility address. A separate surety bond rider is required for each certified program.
- Submit proof of a fire code inspection of the facility, completed by a fire department or fire marshal, dated within 90 days of filing the application, and showing no violations.
- Submit a copy of the updated program business license.
- Submit program’s Standard Business Hours. (Form # RC-800)
- Submit copies of all student contracts and materials furnished to students complete with new facility address and phone number.
- For Third Party Testers, submit a primary road skills test route and an alternate road skills test route.

### 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

**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.**



## **IMPORTANT NOTICE**

***Please be mindful that the most commonly omitted items from the Program/ School/ Clinic Relocation 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.**



## Program Relocation Application

### SECTION 1: Program Information

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

Full Legal Name \_\_\_\_\_

Trade Name/DBA, if applicable (Please list all names associated with this facility.) \_\_\_\_\_

1.2 Which programs will the relocation affect? Provide certification #.

- |                                                      |                                                     |                                                      |
|------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Risk Reduction # _____      | <input type="checkbox"/> Driver Improvement # _____ | <input type="checkbox"/> Driver Training # _____     |
| <input type="checkbox"/> Third Party Testing # _____ | <input type="checkbox"/> Ignition Interlock # _____ | <input type="checkbox"/> CMV Driver Training # _____ |

1.3 Indicate the services this facility will offer:

- Classroom and office with full operating hours       Classroom only

1.3.1 If classroom only services are indicated in question 1.3, list the principal location where the records will be maintained.

Program Name	Program Certification #	Address
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1.4 Provide the address of CURRENT facility:

Street Address	City	State	County	Zip Code
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Mailing Address	City	State	County	Zip Code
<input type="checkbox"/> Same as above				

1.5 Provide the address of NEW facility:

Street Address	City	State	County	Zip Code
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Mailing Address	City	State	County	Zip Code
<input type="checkbox"/> Same as above				

1.6 Provide the contact information for the NEW facility:

Primary Phone Number	Facsimile Number
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Email Address	Website
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Contact Name	Title	Phone Number	Email Address	<input type="checkbox"/> Same as above
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**I would prefer all correspondence be mailed to the mailing address above.  
Unless the box is checked, all correspondence will be emailed.**

1.7 What is the proposed effective date of the relocation? A minimum 30 day notice to the Department is required.

Date: \_\_\_\_\_



1.8 Have you reviewed the applicable program rules to ensure the new facility meets the minimum requirements?

Yes  No

1.8.1 Does the new facility meet the minimum requirements for all classroom accommodations, including minimum space, equipment, privacy and restroom requirements?

Yes  No

1.8.2 Does the new facility meet the minimum requirements for all office requirements, including privacy accommodations, if applicable?

Yes  No

1.8.3 Does the new facility comply with the requirements set forth by the Americans with Disabilities Act (ADA)?

Yes  No

1.9 Is this relocation associated with a change in ownership, partners or the corporation?

Yes  No

1.9.1 If you answered "Yes" to question 1.9, provide detail of the change: \_\_\_\_\_

\_\_\_\_\_

1.10 Has there been a change in ownership, partners or the corporation of the entity originally certified by the Department of Driver Services?

Yes  No

1.10.1 If you answered "Yes" to question 1.10, 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 related to this relocation and understand the facility must be inspected by the Department of Driver Services.

I will further understand the facility must pass the inspection conducted by the Department of Driver Services before any services can be offered at the facility.

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 relocation. 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



## Standard Business Hours

### Risk Reduction Program Hours of Operation

**Ga. Admin. Comp. Chapter 375-5-6-.19** Each program shall maintain business hours of at least fifteen (15) hours per week.

### Driver Improvement Clinic Hours of Operation

**Ga. Admin. Comp. Chapter 375-5-1-.10 (d)** A clinic shall maintain business hours of at least fifteen (15) hours per week, half of which must fall within the Department's normal business hours. An employee of the clinic must be available during this time to furnish information of operation, verify attendance to a class, or to produce the necessary records or documents whenever requested by a member of the Department. The clinic may close for a lunch hour at a set time, upon notice to the Department of the scheduled lunch hour. Each clinic is responsible for notifying the Department of times during which the business office of the clinic will be closed for lunch or vacation and of the regularly scheduled hours of operation of the business office.

### Driver Training School Hours of Operation

**Ga. Admin. Comp. Chapter 375-5-2-.11 (h)** A driver training school shall maintain business hours of at least fifteen (15) hours per week, half of which must fall within the Department's normal business hours. An employee of the driver training school and/or limited driver training school must be available during this time to furnish information of operation, verify attendance to a class, or to produce the necessary records or documents whenever requested by a member of the Department. The school may close for a lunch hour at a set time upon notice to the Department of the scheduled lunch hour. The school shall be responsible for notifying the Department of those times during which the business office will be closed for lunch or vacation and of the regularly scheduled hours of operation of the business office.

### Ignition Interlock Device Provider Center Hours of Operation

**Proposed Rule:** Maintain a place where the ignition interlock device provider center will be located which is easily accessible and open during pre-established daily business hours. Provider centers shall maintain daily business hours of at least four hours per day, between the hours of 8:00 a.m. and 8:00 p.m., five days per week.

#### **Hours of Operation:**

Indicate below your program's intended hours of operation.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Open						
Lunch						
Time Closed						

**The Department of Driver Services must receive written notice of any business hours changes at least two (2) weeks in advance.**

Hours of operation certified by: \_\_\_\_\_  
(Signature of program owner/director)

Program Name and Certification #: \_\_\_\_\_