



Limousine Chauffeur Permit Checklist

PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED

- All applicants must sign the statement of completion at the bottom of this page and include with the application.
- Applicants must be at least 18 years of age.
- Applicants must drive for a Limousine Company that holds a Limousine Carrier Certificate from the Public Service Commission. A list of licensed limousine companies is available at www.psc.state.ga.us.
- An employment letter from the Limousine Company must be submitted with the application. The letter should be on company letterhead and signed a person of authority. The limousine company's contact information, including phone number, must be listed on the letter.
- Applicants must submit a \$15.00 cashier's check or money order made payable to **DEPARTMENT OF DRIVER SERVICES. PERSONAL OR COMPANY CHECKS WILL NOT BE ACCEPTED.**
- Submit two 2" X 2" color photos with the application. Please ensure you are not wearing a white shirt in the photo.
- Attach a copy of your valid Georgia Driver's License.** The address on the driver's license must be current. Therefore, the home address on this application must match the address on your driver's license. You may update your address online at www.dds.ga.gov. Chauffeur Permits are mailed to the home address unless another mailing address is provided on the application.
- Complete, sign and have the **LIMOUSINE CHAUFFEUR PERMIT APPLICATION NOTARIZED.**
- Sign the attached consent for background check (Form RC-900) and have it **NOTARIZED.**
- 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). For a quicker response time, go for fingerprinting for same week you submit the application. Court dispositions may be requested to make a final determination of eligibility.
- Applicants that are not citizens of the United States must submit proof of lawful presence with application. The Chauffeur Permit will only be issued for the period of time reflected on the immigration documents and will expire accordingly.

STATEMENT OF COMPLETION

Pursuant to DDS Rule 375-5-5-06 (4) states: Chauffeur Permits shall be valid for four (4) years or until suspended, cancelled or revoked. Renewals are handled in the same manner as a new application. Duplicate or replacement Permits are \$15.00.

I hereby certify that this application includes all documents which are required to be attached, for the permit applied for, as outlined above. I understand that an incomplete application or application lacking the necessary attached paperwork may result in my application not being processed and delay in receiving my Limousine Chauffeur Permit.

Print Name

Legal Signature

Date

Please submit application & supporting documents to:

**Georgia Department of Driver Services
REGULATORY COMPLIANCE DIVISION
ATTN: CHAUFFEUR PERMITS
2206 East View Parkway
Conyers, GA 30013**

An application drop box is also available at the entrance of the Conyers Customer Service Center from Tuesday to Saturday, during normal center hours.



IMPORTANT NOTICE

Please be mindful that the most commonly omitted items from the Limousine Chauffeur Application are:

- Completed and Notarized Consent for Background Investigation Form (Form # RC-900)
- Georgia Applicant Processing System (GAPS), the fingerprint-based background check
- Employment Letter from the Limo Carrier
- Valid Immigration Documents (Non-U.S. Citizens)
- 2"x2" photo taken within the last 30 days
- Current Driver's License (address on Driver's License must match the address on Chauffeur Application)

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

Limousine Chauffeur Permit Application

SECTION 1: Applicant Information

Last Name	First Name	Middle Name	Suffix
Date of Birth	Driver's License #	State	Social Security #
Home Address	City	State	Zip Code
Mailing Address <input type="checkbox"/> Same as above	City	State	Zip Code
Contact Telephone Number	Applicant Email Address		
Limousine Company	Company Phone		
Company Address	City	State	Zip Code
Company Website	Company Email Address		

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

NOTE: Acceptable proof of citizenship or lawful presence is required and must be submitted with the application. The Chauffeur Permit will only be issued for the period of time reflected on the immigration documents and will expire accordingly.

2.2 Are you at least 18 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?

Yes No

3.1.1 If you answered "Yes" to question 3.1, please give the nature of the conviction in the area below.

Charge	State and County	Date
Charge	State and County	Date



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

Yes No

3.2.1 If you answered "Yes" to question 3.2, please give the nature of probation in the area below.

Charge State and County Date

Charge State and County Date

3.3 Are there any criminal charges currently pending against you?

Yes No

3.3.1 If you answered "Yes" to question 3.3, please provide the nature of the charges below.

Charge State and County Date

Charge State and County Date

3.4 Have you received a pardon for any of the offenses listed above?

Yes No

3.4.1 If you answered "Yes" to question 3.4, please attach 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, please list the State(s) that revoked, suspended, cancelled, or denied your driver's license and the reason(s)

State	Reason	Month/Year



4.6 Please 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

SECTION 5: 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.

I will refrain from abusing alcohol or other drugs, or from using illegal drugs.

I hereby authorize the release to DDS of any information necessary for the determination of my application for Limousine Chauffeur Permits. 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.

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			
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 Services (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. Inked fingerprint cards are not accepted.

Cost of Fingerprinting is \$52.90. Customers may choose between two methods of payment: credit card or money order.

IMPORTANT: On or around the date you submit your application please go ahead and have your fingerprint 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:** www.ga.cogentid.com (most libraries have internet service if you do not have internet at home)
- 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". Based on the certification you are seeking, use the following reason codes:
 - Reason Code: [DDS – Chauffeur Permit](#)
 - ORI/OAC: [GA922982Z](#)
 - Verification Code: [922982Z](#)
- 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/perlpub/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

Please report any technical problems you may experience with the website to the Cogent/GAPS provider: 1(888) 439-2512.