

## **Instructions for Driver Improvement Instructor's Certificate Application**

1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank. A Notary Public must notarize this application.
2. Attach one (1) photograph showing a full view of the face, neck, shoulders, and uncovered head. The photograph must be taken within thirty (30) days of filing this application.
3. Proof of high school diploma, GED equivalent or college transcript.
4. A \$100.00 application fee in the form of a money order, certified check, or cashier's check made payable to Georgia Department of Driver Services must be included.
5. Complete the Consent for Background Investigation Form and have it notarized.
6. Attach a copy of your Instructor's Certificate from one of the five approved curriculums (National Safety Counsel, G.A.R.D.E., USA/Georgia, A.S.C., or D.E.O.G.). Certificates of Completion from a defensive driving course will not be accepted. For additional information, contact:
  - National Safety Council (NSC) – (770) 729-0077 Extension 41004
  - Georgia Association for Risk Reduction and Defensive Driver Education (G.A.R.D.E) – (770) 830-0045
  - USA Training, Inc. (USA/Georgia) – (850) 509-0085
  - Driving Educators Of Georgia - (678) 384-9263
  - American Safety Council (A.S.C.) – 407-539-0163

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

**STATE OF GEORGIA  
DEPARTMENT OF DRIVER SERVICES  
REGULATORY COMPLIANCE DIVISION  
2206 EAST VIEW PARKWAY - P.O. BOX 80447  
CONYERS, GA 30013**

**APPLICATION FOR DRIVER IMPROVEMENT INSTRUCTOR'S CERTIFICATE**

\_\_\_\_\_ Date Issued

\_\_\_\_\_ Date Expires

1. Name \_\_\_\_\_  
(First) (Middle) (Last)

2. Resident Address \_\_\_\_\_  
(Street - No P.O. Boxes) (City) (Zip)

3. Mailing Address \_\_\_\_\_  
(City) (Zip)

4. Home Phone # \_\_\_\_\_ 5. Business Phone # \_\_\_\_\_

6. Cell Phone # \_\_\_\_\_ 7. E-Mail Address \_\_\_\_\_

8. Occupation \_\_\_\_\_ 9. Date of Birth: \_\_\_\_\_

10. Which Curriculum are you certified to teach or will become certified to teach?

**NSC**  **G.A.R.D.E.**  **USA/Georgia**  **A.S.C.**  **D.E.O.G.**

11. If not yet certified, list the dates that you will be attending curriculum training:

\_\_\_\_\_

12. List the name(s) of the Driver Improvement Clinic(s) you will be associated with:

\_\_\_\_\_

**License History:**

List your license number, the state that the license was issued by, and how many years you were licensed in that state. If you have been licensed in another state, please list the state and the number of years licensed in that state.

License Number	State Issued By	Years Licensed in State

**Section II - Background Information**

1. Have you plead guilty, entered a plea of nolo contendere, or been found guilty of any crime by a judge or jury in any state or the federal system? **Yes**  **No**

If yes, what were the charge(s)? \_\_\_\_\_

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

**If you answered yes to the question above, you will need to attach a copy of the case disposition. If you do not have the case disposition you will need to request the disposition from the court that handled the case and submit it with this application.**

2. Are there any proceedings now pending against you relative to any crime, misdemeanors, or violations? **Yes**  **No**

If so, give particulars: \_\_\_\_\_

3. Have you ever been addicted to drugs and/or alcohol? **Yes**  **No**

If so, are you in total abstinence? **Yes**  **No**

4. Have you ever sought treatment for alcohol or drug abuse? **Yes**  **No**

If so, when? \_\_\_\_\_

5. Have you fully complied in every respect with the Rules and Regulations governing Driver Improvement Instructors? **Yes**  **No**

6. Synopsis – Give experience teaching or instructional experience. (If additional space is needed, attach additional sheets and submit along with this application).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT IN THIS APPLICATION WILL RESULT IN THE CANCELLATION OF YOUR INSTRUCTOR’S CERTIFICATE.**

# A F F I D A V I T

I certify that the following is true:

1. No member of my immediate family, including myself, my spouse, dependent child, dependent stepchild, or dependent adopted child is an employee of the Georgia Department of Driver Services.
2. No member of my immediate family, including myself, my spouse, dependent child, dependent stepchild, or dependent adopted child is employed as a judge, probation employee, law enforcement officer, or employee of the court.
3. My driver's license has not been suspended for any reason nor have I pled guilty, had bond forfeiture, or pled nolo contendere for any mandatory suspension offense within one (1) year prior to making this application.
4. My driver's license has not been suspended two or more times nor have I pled guilty, had a bond forfeiture, or pled nolo contendere to two or more mandatory suspension offenses within five (5) years prior to making this application.
5. I have not been convicted, forfeited a bond, and pled guilty, or pled nolo contendere to a felony or any crime involving violence, dishonesty, deceit, fraud, indecency, or moral turpitude. I understand that no person with such a criminal conviction will be licensed unless he or she has received a pardon and can produce evidence of it. I understand a conviction for which I have been free from custody and free from supervision for at least ten (10) years will not be considered, unless the conviction is for an offense, which is a sexually violent offense, or the criminal offense was committed against a victim who was a minor at the time of the offense.

The undersigned, being duly sworn, states: I am a person of good moral character and at least twenty-one (21) years of age. That I am the applicant for an Instructor's License for the purpose of giving instructions in a Driver Improvement Clinic and that the information stated herein is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Seal Required)

\_\_\_\_\_  
Commission Expires

**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 and/or Driver Improvement School 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
<b>THIS CONSENT FORM MUST BE NOTARIZED</b>	
Subscribed to and sworn before me:	SEAL OR STAMP
Notary Signature	Date
My commission expires:	
_____	