

Instructions for Driver Improvement Clinic Application

Complete, in entirety, the 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:

1. All owners, partners, and principal stockholders of the Clinic must answer the questions in Sections II & III of the application on an additional sheet of paper. The following must be attached for each owner, partner, or principal stockholder of the Clinic:
 - 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.
 - c. Copy of diploma or certified transcript. A minimum of a high school diploma or GED equivalent is required.
2. A continuous surety bond (indicating the Georgia Department of Driver Services as Obligee) 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 DDS surety bond form is required).
3. A copy of the Clinic business license.
4. A copy of the student contract to be used by the Clinic. Student contracts must be pre-numbered and printed in duplicate. The Clinic name, address, and phone number must be printed on the contract. (Sample of student contract attached)
5. Sample copies of all forms to be used by the Clinic. This would include evaluation forms, attendance forms, and any handouts given to students.
6. A fee of \$200.00 made payable to the Georgia Department of Driver Services. All fees should be in the form of certified funds.
7. A copy of the Fire Inspection Report and Occupancy Report dated within 90 days of filing the application indicating no violations and verifying the facility is ready for occupancy.
8. A list of all instructors that will be teaching at the Clinic. The Georgia Department of Driver Services must license each instructor before instructing any classes.
9. A copy of the Certificate of Incorporation from the Secretary of State if the Clinic is a corporation.
10. A notarized certification of the adopted business name. Per Georgia law O.C.O.G. 10-1-490, any person or company operating under a trade name, adopted business name, or d/b/a name must register that name with the Office of the Clerk of the Superior Court of the county in which the business is domiciled. The notarized certification that is required by our department, per Rule 375-5-.04 (4), is obtained from the Clerk of the Superior Court. (Court may use sample form attached.)
11. Proof of high school diploma, GED equivalent or college transcript.
12. Completed Hours of Operation form. (See form attached)
13. The telephone must be used exclusively for the operation of the clinic. Please list the clinic's phone number on the attached application.
14. A copy of your certificate from one of the following approved curriculum providers:
 - a) American Safety Council (A.S.C.) – 407-539-0163
 - b) Driving Educators of Georgia (D.E.O.G) – 678-384-9263.
 - c) Georgia Association for Risk Reduction & Defensive Driver Education (G.A.R.D.E.) – 770-830-0045.
 - d) National Safety Council (NSC) – 770-729-0077 ext. 41004.
 - e) USA Training, Inc. (USA/Georgia) – 850-509-0085.

Before any license to operate a Driver Improvement Clinic will be issued, all contracts and forms must be approved, the Clinic facility must be inspected and approved, and all background checks must be complete. Please note that it may take up to three (3) months for FBI results to be returned to our office.

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

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

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

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

Date Issued

Date Expires

ORIGINAL APPLICATION FOR DRIVER IMPROVEMENT CLINIC CERTIFICATE

Section I – General Information

1. Name of Clinic: _____
(The Full Legal Name and any D/B/A Name)

2. Contact Person _____ Cell Phone # _____

3. E-Mail Address _____

4. Business Address _____
(Street) (City) (County) (Zip)

5. Mailing Address _____
(Street) (City) (County) (Zip)

6. Clinic Telephone # _____ Clinic Fax # _____

7. Curriculum(s) clinic is certified to instruct:

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

8. Is this clinic application for a classroom only location? **Yes** **No**

9. List the instructor name, Department issued instructor certificate number, curriculum certification (i.e. A.S.C., D.E.O.G., G.A.R.D.E., NSC, USA/Georgia) and certificate expiration date for all instructors employed by your clinic in the chart below.

Name	Instructor Certification No.	Curriculum	Certificate Expiration Date

Section II – Owner Background Information

THE FOLLOWING INFORMATION APPLIES TO THE OWNER AND/OR EACH PARTNER THAT OWNS THE DRIVER IMPROVEMENT CLINIC, OR THE PRESIDENT OF AN ASSOCIATION, OR CORPORATION THAT OWNS THE DRIVER IMPROVEMENT CLINIC. (Make copies of this page if needed.)

1. Full Name _____ Title _____
2. Legal Residence Address _____
3. 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: _____

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 _____
4. 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 Driver Improvement
Instructors? **Yes** **No**
8. List the names and addresses of those who own the clinic, individuals, partnerships or principal
stockholders 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.) _____

THE FOLLOWING AFFIDAVIT IS TO BE SIGNED BY THE OWNER AND/OR EACH PARTNER (IF PARTNERSHIP), OR THE PRESIDENT OF THE CORPORATION. (Make copies of this page if needed)

I hereby certify as follows:

- (a) That I am a person(s) of good moral character, at least 21 years of age; and that neither our clinic employees nor myself are mentally incompetent;
- (b) That each student will be informed, prior to the time instructions start, of the nature and amount of any and all fees or charges made for enrollment or registration, tests, and reference materials, and any other service, equipment, or materials provided by the clinic.
- (c) That the theoretical instruction in the clinic will be the material approved by the Department of Driver Services;
- (d) The Driver Improvement Clinic complies with the requirements set forth by the Americans with Disabilities Act of 1990.
- (e) Neither myself as an owner, operator, instructor or employee of a state approved Driver Improvement Clinic nor my spouse, dependent child, dependent stepchild, or dependent adopted child are employed by the Georgia Department of Driver Services; (Rule 375-5-.03)
- (f) Neither myself as an owner, operator, instructor or employee of a state approved Driver Improvement Clinic nor my spouse, dependent child, dependent stepchild, nor dependent adopted child are a judge, probation employee, law enforcement officer, or employee of the court. (Rule 375-5-.03)

AFFIDAVIT

STATE OF GEORGIA

COUNTY OF _____

The undersigned being duly sworn says; I am the owner, partner, member of the firm or officer of said corporation or association, applying for a Driver Improvement Clinic License in accordance with the provisions of the Act effective October 15, 1978 and any amendments thereafter, for the purpose of instructing persons in Driver Improvement Clinics; and the answers to the foregoing questions are complete and the statements contained in this application are true.

(Signature in Full)

State whether individual owner, partner, member of firm, or owner or officer of a corporation or association. *

Sworn to before me this _____ day of _____, 200__.

Notary Seal Required

Commission Expiration

* 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? Yes
 No

Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? Yes 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 _____

THIS CONSENT FORM MUST BE NOTARIZED

Subscribed to and sworn before me: _____ SEAL OR STAMP

Notary Signature _____ Date _____

My commission expires:

SURETY BOND FOR DRIVER IMPROVEMENT CLINIC

Bond # _____

KNOW ALL MEN BY THESE PRESENTS: That we,

(Full Name of Driver Improvement Clinic Including the Full Legal Name and any D/B/A Name)

as Principal, and

(Full Name of Insurance Company)

a corporation organized and existing under the laws of the State of _____
(State Insurance Company is Domiciled in)

and authorized to do business in the State of Georgia, as Surety, are hereby held and firmly bound unto the State of Georgia, for the 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 State 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 OBLIGATION ARE SUCH THAT:

WHEREAS, the above-mentioned Principal has made application to the DEPARTMENT OF DRIVER SERVICES for a license operate a DRIVER IMPROVEMENT CLINIC under the provisions as set out in Georgia Law O.C.G.A. 40-5-80; representing by said application and by these presents, that all the statements set forth in said application to the DEPARTMENT OF DRIVER SERVICES, and that all of the written evidence or other probative matter filed with the said DEPARTMENT OF DRIVER SERVICES in connection with such application, are true; and obligation itself and its agents to faithful compliance with all provision of said Georgia Law O.C.G.A. 40-5-80 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. 40-5-80, Paragraph (2), for the protection of the contractual rights of students who enter into the annexed contract with

(Name of Driver Improvement Clinic and Physical Location Address)

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, representatives 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, and shall not be construed as individual liability.

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)

Owner's Name: _____

COUNTERSIGNED

Owner's Signature: _____

(Resident Agent of Georgia)

By _____

CONTRACT NUMBER

(ALL CONTRACTS MUST BE PRE-NUMBERED AND IN DUPLICATE)

**THIS SPACE IS FOR THE FULL NAME OF THE CLINIC
CLINIC ADDRESS
CLINIC TELEPHONE**

Name _____	Date(s) of Class _____
Address _____	Time(s) of Class _____
_____	Class Location _____
Date of Birth _____	_____
Driver's License No. _____	Type of Course _____
Telephone No. _____	Amount Paid \$ _____

I, the undersigned student, agree to complete the above course, consisting of _____ classes for _____ hours each, totaling _____ hours of instruction by the above-name Driver Improvement Clinic. It is understood that this Clinic is licensed by the Georgia Department of Driver Services (the DDS) in accordance with Georgia Law Title 40-5-80 (DRIVER IMPROVEMENT ACT) and the rules and regulations adopted there under and that each instructor is certified by the DDS. This course is approved by the DDS.

The student's successful completion of the above-named course requires each of the following:

1. Attendance at all classes sober and free from illicit drugs.
2. Attendance on time for all sessions.
3. Reasonable attentiveness and participation in all classes.
4. Attendance at all sessions unless medically excused.
5. All sessions must be completed within 60 days.
6. Successfully passing a written or oral examination with a grade of at least 70.

This Driver Improvement Clinic will not refund any tuition or part of tuition if the Clinic is ready, willing, and able to fulfill its part of this contract. I understand that if I fail to comply with the terms and conditions of this agreement, I am in breach of contract and the school will not be under any obligation to fulfill the terms of this contract, and may, at its option, terminate this agreement immediately.

It is agreed that an owner, instructor, or employee of this Clinic shall not give the impression to a student that upon completion of their instruction this Clinic will guarantee the securing of a driver's license to operate a motor vehicle. However, immediately upon the student's successful completion of the course as described above, the Clinic agrees to provide certification of said completion to the student.

This Clinic has and will maintain for the protection of the contractual rights of the student a performance bond in the principal sum of ten thousand (\$10,000.00) dollars for the students to be written by a company authorized to do business in the State of Georgia.

This agreement constitutes the contract between the above-named Driver Improvement Clinic and the above-named student and no verbal statements will be recognized.

_____ Signature of Student	_____ Date	_____ Signature of Authorized Clinic Representative	_____ Date
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**APPLICATION TO REGISTER A BUSINESS
TO BE CONDUCTED UNDER A TRADE NAME**

STATE OF GEORGIA
COUNTY OF _____

THE UNDERSIGNED HEREBY CERTIFIES THAT (THEY ARE) (HE, SHE IS)

(IT IS) CONDUCTING A BUSINESS AT _____
(STREET ADDRESS)

IN THE CITY OF _____, COUNTY OF _____, IN THE
STATE OF GEORGIA UNDER THE TRADE NAME:

AND THAT THE NATURE OF SAID BUSINESS IS _____

AND THAT SAID BUSINESS IS COMPOSED OF THE FOLLOWING (PERSON) (PERSONS)
(CORPORATION)

<u>NAME(S)</u>	<u>ADDRESS(ES)</u>
_____	_____
_____	_____
_____	_____
_____	_____

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 if they so choose. In no way is the Clerk of Superior Court required to use this form.

Defensive Driving Clinic Hours of Operation

Clinic Number: _____

Clinic Name: _____

Clinic 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 closures*****

375-5-1-.10 (g) An employee of the clinic must be available during the hours of 10:30 a.m. to 5:00 p.m. 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.

375-5-1-.10 (j) Any driver improvement clinic that is to be closed on a weekday other than for federal or state holidays must give the Department written notice of the closure two weeks in advance. The Department will issue confirmation of the receipt of the notice. The clinic is not relieved of its obligations to make records and documents available for inspection unless it has received confirmation of receipt of the notice of proposed closure from the Department.

Hours of Operation Certified By: _____

(Signature of Clinic Owner)

Defensive Driving Class Roster

(Please Type)

Clinic Name & Number: _____ **Date:** _____

Date Class Started: _____ **Date Class Ended:** _____ **Clinic Exp. Date:** _____

Instructor Name: _____

DDS Instructor #: _____ **DDS Instructor Exp. Date:** _____

	DDS	INS.	<u>Other</u>	FULL NAME	CERTIFICATE NUMBER	D.O.B.	LICENSE NUMBER	FEE
1.								
2.								
3.								
4.								
5.								
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20.								
21.								
22.								
23.								

The above information is true and correct to the best of my knowledge. I am aware that if I knowingly falsify any of the above information on both my license and the license of the clinic will be revoked.

Signature of Clinic Owner: _____ **Date** _____

Course Evaluation Form

1. Date Course Taken: _____
2. Name of Instructor(s): _____
3. Why did you take this course? _____
Insurance Reduction _____ Points Reduction _____ To Improve Driving _____
_____ License Reinstatement _____ Other _____
4. Is this the first time you have taken a course of this type? _____ Yes _____ No
5. How many students were in the class with you? _____
6. How would you rate the facility?
_____ Excellent _____ Good _____ Fair _____ Good _____ Poor
7. How would you rate the instructor?
_____ Excellent _____ Good _____ Fair _____ Good _____ Poor
8. How would you rate the course and course material?
_____ Excellent _____ Good _____ Fair _____ Good _____ Poor
9. Will the information learned in this course improve your driving skills? _____
Yes _____ No

Your comments are welcome:
