

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

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

ALL RENEWALS MUST BE SUBMITTED AT LEAST 30-DAYS PRIOR TO AND NO MORE THAN 60-DAYS WITHIN THE DATE OF EXPIRATION.

1. Name: _____
Last First Middle

2. Current Residence Address: _____
Street Name & House/Apt # (NO P. O. Box)

City & State Zip Code

3. Mailing Address: _____
City & State Zip Code

4. Driver's License #: _____ Expiration Date: _____

5. Home Phone #: _____ 6. Business Phone #: _____

7. Cell Phone #: _____ 8. E-Mail Address: _____

9. Date of Birth: _____ 10. Certified by: NSC GARDE USA
 ASC DEOG

The undersigned being duly sworn, states: I am a person of good moral character and at least twenty-one years of age, that I am the applicant for the renewal of my instructor's certificate for the purpose of giving instruction in a Driver Improvement Clinic, and that the information stated herein is true.

Signature in Full *Date*

Sworn before me this _____ day of _____, _____

Notary Public *Seal Required*

ATTACH THE FOLLOWING TO APPLICATION:

- 1. One (1) photograph taken within 30-days to date of filing application. The photograph must show full view of the face, neck, shoulders and uncovered head.
- 2. A renewal fee of fifty-dollars (\$50.00) in the form of a money order, cashier's check or certified check. **NO PERSONAL CHECKS WILL BE ACCEPTED.**
- 3. Completed Consent for Background Investigation Form.
- 4. Copy of current Instructor's Certificate(s) from one of the five approved curriculum providers.

For DDS Office Use Only:
Date Issued: _____ Date Expires: _____

RC0014

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
THIS CONSENT FORM MUST BE NOTARIZED	
Subscribed to and sworn before me:	SEAL OR STAMP

Notary Signature	Date
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My commission expires: _____