

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

Date Issued

Date Expires

APPLICATION FOR RENEWAL OF DRIVER IMPROVEMENT
CLINIC CERTIFICATE

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

1. Name of Clinic _____

2. Is this Clinic associated in any way with a corporation? If so, please state the name of
the corporation(s). **All clinic forms, including surety bond and business license, must
reflect the same name and address as is listed on this application.**

3.. Names of all Owners, Partners or Corporate Officers _____

4. Contact Person _____

5. Business Address _____

6. Mailing Address _____

7. Clinic Telephone Number _____ 8. Clinic FAX Number _____

9. Current Clinic Certificate Number _____ 10. E-Mail Address _____

11. Program(s) this clinic is certified to Provide: NSC G.A.R.D.E. ASC
 USA/Georgia D.E.O.G.

12. Is this clinic a classroom only location? Yes No

13. Certificate of Completion Numbers currently in the possession of this Clinic:
