

Georgia Department of Driver Services
2206 East View Parkway • P.O. Box 80447 • Conyers, GA 30013

Instructions for Ignition Interlock Device Provider Center Application

1. Complete, in entirety, the application and all attachments. Do not leave any question or section blank. A Notary Public must notarize this application.
2. All owners, partners, and principal stockholders of the Provider Center must each complete page three (3) of the application. The following items must be attached for each owner, partner, or principal stockholder of the Provider Center. One (1) photograph, taken within thirty (30) days of filing this application, showing a full view of the face, neck, shoulders, and uncovered head.
3. Complete & notarized Consent for Background Investigation form.

The Following Must Accompany The Application:

1. A fee of \$250.00 made payable to the Georgia Department of Driver Services. All fees should be in the form of certificated funds. Company checks will not be accepted.
2. A continuous surety bond in the principal sum of ten thousand dollars (\$10,000.00) for the protection of the contractual rights of the users. 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). The bond must show the owner(s), partners or principal stockholders name(s) as well as the name and complete physical address of the provider center. The bond shall list the Georgia Department of Driver Services as Obligee with 30 days' cancellation notice.
3. A certificate of general liability policy of insurance, including products and completed operations, with not less than \$50,000 of combined single limits. The Georgia Department of Driver Services shall be listed as Certificate Holder and such certificate shall stipulate that the insurance shall not be canceled except upon ten days' prior written notice to the department.
4. A copy of the agreement between the manufacturer and the ignition interlock device provider center. The agreement must have been signed within the past year.
5. A copy of all forms, contracts, agreements and receipts that will be furnished to its users, to include but not limited to all verbal and written training materials.
6. 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)
7. A copy of a 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 copy of the Provider Center's business license.
9. A completed Hours of Operation form. (See form attached)
10. If the Provider Center is a corporation, attach Certificate of Incorporation.

Before any license to operate an Ignition Interlock Device Provider Center will be issued, all contracts and forms must be approved, the Center facility must be inspected and approved, and the background investigation must be completed.

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

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 Unit, P.O. Box 80447, Conyers, Georgia 30013.

GEORGIA DEPARTMENT OF DRIVER SERVICES

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Application for Ignition Interlock Provider Center

Check the Type of Application: **First-Time Applicant** **Renewal** – Center License # _____

Provider Center Legal Name: _____
The name listed on this application must be used consistently on all forms, advertisements, etc.
d/b/a (if applicable) _____

Provider Center Address: _____

Mailing Address: _____
(if different from above) _____

Provider Center Telephone # _____ Provider Center Fax # _____

Provider Center Days and Hours of Operation (including lunch): _____

Will the Provider Center have Mobile Units? Yes No If so, how many? _____

What counties will be serviced by Mobile Units? _____

Names of all Owners, Partners, or Controlling Stockholders: _____

List Provider Center Ignition Interlock Device Manufacturer and Model Number(s): _____

Contact Person _____ Cell Phone # _____

E-Mail Address _____

Does the provider center meet all requirements set forth by the Americans with Disabilities Act of 1990?
 Yes No

**ALL OWNERS, PARTNERS, AND PRINCIPAL STOCKHOLDERS OF THE PROVIDER CENTER
MUST COMPLETE THIS PAGE AND ATTACH THE FOLLOWING:**

(Please make copies of this form for each individual)

- 1. One (1) photograph, taken within thirty (30) days of filing this application, showing a full view of the face, neck, shoulders, and uncovered head.
- 2. Complete & notarized Consent for Background Investigation form.
- 3. Fingerprint cards or Live Scan (see pages 4 & 5 of application for instructions).

1. Full Name _____ Title _____

2. Legal Residence Address _____

3. Mailing Address _____

4. Home Telephone # _____ Work Telephone # _____

5. Cell Phone # _____ E-Mail Address _____

6. Date of Birth: _____ Place of Birth: _____

7. Driver's License Number: _____ Issuing State: _____

8. Are you, your spouse or dependent children (including stepchildren) an employee of the Department of Driver Services? **Yes** **No** If so, please explain: _____

9. Have you ever been convicted of fraud or fraudulent practices in relation to securing a license to drive a motor vehicle? **Yes** **No** If yes give particulars: _____

10. Have you plead guilty, entered a plea of nolo contendere, or been found guilty of any crime by a judge
11. or jury in any state or federal court? **Yes** **No** . What were the charges? _____

12. Date: _____ Location: _____

13. Are there any proceedings now pending against you relative to any crime, misdemeanors, or other violations? **Yes** **No** If so, please explain: _____

14. I have read and understand the rules and regulations for operating a Ignition Interlock Provider Center.

15. **Yes** **No**

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant.

Sworn to before me this _____ day
of _____, _____

(Notary Public) (Seal Required)

Commission Expires _____

Applicant's Signature and Date

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 an Ignition Interlock Device Provider Center) 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: _____	



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Ignition Interlock Provider Center Aggregate Surety Bond

Can be used as a Single Bond or an Aggregate Bond

BOND #: _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____
(Full Name of Ignition Interlock Provider Center Including The Full Legal Name and any D/B/A Name)

as Principal, and _____
(Full Name of Insurance Company)

A corporation or partnership 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 _____ DOLLARS (aggregate amount must be a minimum of \$10,000 per location and shall not exceed \$20,000 per location) lawful money of the United States 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 to operate and IGNITION INTERLOCK PROVIDE CENTER under the provisions as set out in Georgia Law O.C.G.A. 43-12A-1; 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 obligating itself and its agents to faithful compliance with all provisions of said Georgia Law O.C.G.A. 43-12A-1 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. 43-12A-4, Paragraph (3), for the protection of the contractual rights of individuals required to maintain an ignition interlock device who enter into the annexed contract with _____, as owner/operator of [list location(s)]:

Table with 4 columns: Address, City, State, Zip. Rows 1-15.

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.

Provider Center Hours of Operation

Provider Center Number: _____ Provider Center Name: _____

Provider Center Location: _____

Hours of Operation (Monday – Sunday):

Opening at _____ and Closing at _____

Each provider center must maintain pre-established daily business hours of at least four hours per day, between the hours of 8:00 AM and 8:00 PM, five days per week.

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 business hours change*****

Hours of Operation Certified By: _____
(Signature of Provider Center Owner)



Georgia Department of Driver Services

2206 East View Parkway • Conyers, Georgia 30013 • 678.413.8752

Sonny Perdue
Governor

Gregory C. Dozier
Commissioner

The following ignition interlock devices are approved for installation in Georgia:

<u>Manufacturer</u>	<u>Model #</u>
Alcohol Detection Systems	DM904
AutoSense International	Alco-Lock III
Consumer Safety Technology, Inc.	1001-A
Determinator	DM904
Draeger Safety Diagnostics, Inc.	Drager Interlock® XT
Draeger Safety Diagnostics, Inc.	35-30910
Draeger Safety Diagnostics, Inc.	35-30920
Guardian Interlock Systems	3050
Guardian Interlock Systems	3055
Guardian Interlock Systems	3060
Guardian Interlock Systems	4, 4E
Guardian Interlock System	AMS 2000
LifeSafer Interlock	FC 100
LifeSafer Interlock	SC 100
Smart Start	SSI-1000
Smart Start	SSI 20/20

www.dds.ga.gov