DDS
Georgia Department Of Driver Services

Recertification Checklist for Program, Clinic, School and Center

Step 1 – ALL applicants:

- ☐ All applicants-including partners and corporate officers-must sign the Statement of Completion at the bottom of this page and include it with the application.
- ☐ Section 1 should be completed only once for each program application.
- ☐ All applicants-including partners and corporate officers-must complete Sections 2 and 3 of the application. You may photocopy these sections accordingly.
- ☐ All applicants-including partners and corporate officers-must submit a notarized Consent for Background Investigation. You may photocopy this form as necessary. (Form # RC-900)
- ☐ All applicants - if you have been licensed in a state (or states) other than Georgia in the past five (5) years, you must obtain and submit a Motor Vehicle Report (MVR) from each state in which you were licensed except Georgia. *Driver training school owners are not required to submit MVR's.*
- ☐ Submit a copy of the continuation or verification certificate for the surety bond currently on file. *Third Party Testers are not required to submit this item.*
- ☐ Submit a list of all instructors, or examiners, associated with the program.
- ☐ Submit a copy of all student contracts and forms used by the program.
- ☐ All applicants—including partners, corporate officers and/or controlling stockholders must undergo a national and state fingerprint-based criminal background check. Refer to the attached fingerprint instructions (RC-GAPS-999) for more information. All applicants must use the Georgia Applicant Processing System (GAPS). *If you have been fingerprinted for any other Regulatory Compliance Division certification within the past six months, please provide the date of fingerprinting:* _____

Step 2 - Submit additional documents below, depending upon type of certification held:

DUI Alcohol or Drug Use Risk Reduction Program Recertification

- ☐ Submit a list of director(s) associated with the program.
- ☐ Submit copies of the Student Information Sheet and the Employee Confidentiality Statement used by the program.

Driver Improvement Clinic Recertification

- ☐ Submit a renewal application fee of $100.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- ☐ Submit a current copy of the clinic certificate from an approved curriculum provider. (AAA, ASC, DEOG, GARDE, NSC, USA)

Driver Training School Recertification

- ☐ Submit a renewal application fee of $25.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- ☐ If applicable, submit a list of vehicles to be used by the school.
- ☐ If applicable, submit a copy of a Certificate of Liability Insurance showing proof of commercial liability and property damage insurance coverage on the driver training vehicles.
- ☐ Privately Owned schools: If applicable, submit a list of MOU's with external entities.
- ☐ **Public school systems**: submit a notarized statement from the superintendent or assistant superintendent appointing a director who will be responsible for the day-to-day operation of the driver training school.

Ignition Interlock Provider Center Recertification

- ☐ Submit a renewal application fee of $100.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- ☐ Submit a current signed agreement with an approved manufacturer, signed by both parties within the past year. Agreement should include which device(s) the provider center is authorized to install, monitor and uninstall.
- ☐ Submit a current certificate of general liability policy of insurance, including products and completed operations, with not less than $50,000 of combined single limits with an issuance carrier authorized to write policies in the state of Georgia.

Third Party Tester Recertification

- ☐ Submit a signed Third Party Testing Agreement. (Form # RC-TPT-300)

STATEMENT OF COMPLETION

I hereby certify that this application includes all documents and fees which are required to be attached for the approval as outlined above. I understand that an incomplete application or application lacking the necessary paperwork will result in my application not being processed and may result in fees being forfeited.

Printed Name **Legal Signature** **Date**

Please submit application, fees and all supporting documents to:
Georgia Department of Driver Services
Attn: Regulatory Compliance Division
2206 East View Parkway
Conyers, Georgia 30013

An application drop box is also available at the entrance of the Conyers Customer Service Center.

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IMPORTANT NOTICE

Please be mindful that the most commonly omitted items from the Program/ School/ Clinic/ Provider Recertification Application are:

DUI

- ☐ Notarized Consent for Background Investigation Form (Form # RC-900)
- ☐ Georgia Applicant Processing System (GAPS), the fingerprint-based background check
- ☐ Surety Bond Continuation or Verification Form
- ☐ List of Instructors and Directors associated with the program

Driver Training

- ☐ Surety Bond Continuation or Verification Form
- ☐ Current Certificate of Liability Insurance with vehicle information listed (only if offering Behind the Wheel Training)
- ☐ Completed application for each owner/corporate officer
- ☐ Notarized Consent for Background Investigation Form for each owner/corporate officer (Form # RC-900)
- ☐ Georgia Applicant Processing System (GAPS), the fingerprint-based background check for each owner/corporate officer
- ☐ Current Letter from the Board of Education appointing a Director (for Public High Schools only)
- ☐ List of Instructors and vehicles associated with the school

Driver Improvement

- ☐ Notarized Consent for Background Investigation Form (Form # RC-900)
- ☐ Surety Bond Continuation or Verification Form
- ☐ Georgia Applicant Processing System (GAPS), the fingerprint-based background check
- ☐ Current Curriculum Provider's Clinic Certification, specific to each certified clinic
- ☐ List of Instructors associated with the clinic

Ignition Interlock

- ☐ Surety Bond Continuation or Verification Form
- ☐ Current Certificate of Liability Insurance
- ☐ Current Manufacturer's Agreement signed by both parties
- ☐ Completed application for each owner/corporate officer
- ☐ Notarized Consent for Background Investigation Form for each owner/corporate officer (Form # RC-900)
- ☐ Georgia Applicant Processing System (GAPS), the fingerprint-based background check for each owner/corporate officer

NOTE: Incomplete applications or applications lacking the necessary paperwork will result in your application not being processed or create a delay in processing time.

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Program, Clinic, School, or Provider Center Recertification Application

SECTION 1: Program/Clinic/School/Provider Center Information

☐ **DUI Program** Cert. #_____ Exp. Date_____

☐ **Driver Improvement Clinic** Cert. #_____ Exp. Date_____

☐ **Driver Training School** Cert. #_____ Exp. Date_____

☐ **Ignition Interlock Center** Cert. #_____ Exp. Date_____

☐ **Third Party** Cert. #_____ Exp. Date_____

Full Legal Name of Program, Clinic, School or Provider Center

Trade Name/DBA, if applicable

Physical Address | City | County | State | Zip Code

Mailing Address ☐ **Same as above** | City | County | State | Zip Code

Classroom Address ☐ **Same as physical** | City | County | State | Zip Code

Program Telephone Number | Program Facsimile Number

Program Email Address | Program Website

Contact Name | Title | Phone Number | Email Address ☐ **Same as above**

☐ **I would prefer all correspondence be mailed to the mailing address above.**
Unless the box is checked, all correspondence will be emailed to the email address provided.

1.1 Indicate the services this facility offers:
☐ Classroom and office with full operating hours ☐ Satellite classroom only

1.1.1 If classroom only services are indicated in 1.1, list the principal program location where the records are maintained:

Program Name | Program Certification # | Address

1.2 List the name of the curriculum taught for this program:_____

1.3 List the full name of all owner, partners, corporate officers or controlling stockholders.

Name	Title/Position	Interest Held

1.4 Has there been a change in ownership, partners, or the corporation of the entity originally certified by the Department of Driver Services?
☐ Yes ☐ No

1.4.1 If you answered "Yes" to question 1.4, provide details of the change: _____

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SECTION 2: Applicant Information

Last Name	First Name	Middle Name	Suffix	Title/Position
Date of Birth	Driver's License #	State of Issuance		Social Security #
Mailing Address	City	County	State	Zip Code
Primary Phone Number	Secondary Phone Number		Email address	

2.1 Are you or your spouse, dependent child, dependent stepchild, or dependent adopted child that is currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Behavioral Health and Developmental Disabilities?
☐ Yes ☐ No

2.2 Are you or your spouse currently employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?
☐ Yes ☐ No

2.3 Do you own, manage, or operate a private company that has contracted to provide probation services for misdemeanor cases in this or any other state?
☐ Yes ☐ No

2.4 If you answered "Yes" to any of the questions above, give specific information detailing the company, agency, and job title.

_____

2.5 Are you a United States citizen?
☐ Yes ☐ No

2.5.1 If you answered "No" to question 2.5, are you legally present in the United States? Acceptable proof of citizenship or lawful presence is required and must be submitted with the application.
☐ Yes ☐ No

SECTION 3: Applicant Affirmation

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

Furthermore, I will maintain the confidentiality of all program records. Records shall be confidential and shall not be released without the written consent of the student, except that such records shall be made available to DDS upon request.

I will maintain all reports and information as specified in the DDS rules and regulations.

I hereby authorize the release to DDS of any information necessary for the determination of my application for program certification. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.

_____

Legal Signature **Date**

Sworn to and subscribed before me

this ____day of _____20____. **(SEAL)**

_____

Notary

Georgia Department of Driver Services
Regulatory Compliance Division, 2206 East View Parkway, Conyers, GA 30013
CONSENT FOR BACKGROUND INVESTIGATION

OFFICE USE ONLY FILE NUMBER: OFFICE USE ONLY	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND ☐ DRIVER'S HIST P F ☐ CRIMINAL HIST P F	OFFICE USE ONLY

APPLICANT TYPE: (OFFICE USE ONLY)			
☐ DUI Risk Reduction	☐ Owner	☐ Director	☐ Instructor
☐ Driver Improvement	☐ Owner	☐ Instructor	
☐ Driver Training	☐ Owner	☐ Instructor	
☐ Third Party	☐ Tester	☐ Examiner	
☐ Ignition Interlock	☐ Owner/Operator		
☐ Chauffeur			
☐ Commercial Veh. Training School	☐ Owner	☐ Instructor	
☐ Motorcycle Safety	☐ Coach		

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 Certification(s) to be issued by the Regulatory Compliance Division of the Department of Driver Services (DDS). I understand that my national and state criminal history, driver's history, and legal presence will be checked. I 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 of 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:

RC-900 (02/14)

Georgia Applicant Processing System (GAPS)

All persons applying with the Georgia Department of Driver Services (DDS) to become certified in any of the following regulated program areas must utilize the Georgia Applicant Processing System (GAPS) to satisfy the statutorily required national and state fingerprint-based criminal history check. *Fingerprint results obtained from any source other than the approved GAPS process will not be accepted.*

GAPS consists of numerous locations throughout the State of Georgia that have been authorized by the NCIC, the GCIC and Cogent Systems to use LiveScan devices to electronically capture and transmit fingerprints to the GCIC through a secure web-based environment. Criminal history search results, in most cases, will return within 24 to 48 hours following submission of fingerprints, decreasing the overall amount of time it takes for DDS to process your application for certification.

Additional information regarding GAPS processes, policies, fees, and print locations may be found at *www.ga.cogentid.com*.

IMPORTANT: By the time you submit your application you should already have your fingerprints done through GAPS. You will not receive notification from DDS to proceed with your fingerprinting.

FINGERPRINT INSTRUCTIONS

Step 1: Select the GAPS location of your choice.

- Go to the following website: http://www.ga.cogentid.com/index.htm
- Under the "Print Site Locations" section, click on the "Print Site & Locations" option.
- All authorized GAPS locations are depicted on an interactive map of Georgia. You may mouse over and click on any of the locations depicted on the map to obtain more detailed information about individual GAPS sites, including the name of the participating business, address, and telephone number.

Step 2: Register.

- Under the "Registration" section, click on the "Single Applicant Registration" option. From here, you can begin the registration & payment process.
- Complete the web form with your personal data and payment information. Mandatory fields are highlighted in yellow.
- Please be advised that although the use of your Social Security Number is optional, if you do not submit your SSN, the GAPS location will not be able to confirm your registration if you forget to bring your confirmation receipt. In addition, you will not be able to print a replacement receipt. Therefore, you are strongly encouraged to use your Social Security Number.
- Under Transaction Information, be sure to choose the correct reason for being fingerprinted. DDS programs are grouped together with the prefix "DDS Regulated Programs". Based on the certification you are seeking, use the following reason code and verification code:

- **Driver Training School Owner or Third Party Tester**:
  Reason Code: DDS Regulated Programs (DT Owner)
  ORI/OAC – GA922983Z; Verification Code – 922983Z

- **Driver Training Instructor or Third Party Examiner**:
  Reason Code: DDS Regulated Programs (DT Instructor)
  ORI/OAC – GA922983Z; Verification Code – 922983Z

- **Driver Improvement Instructor or Owner**:
  Reason Code: DDS Regulated Programs (DI)
  ORI/OAC – GA922983Z; Verification Code – 922983Z

- **DUI Alcohol or Drug Risk Reduction Instructor, Director or Owner**:
  Reason Code: DDS Regulated Programs (DUI)
  ORI/OAC – GA922983Z; Verification Code – 922983Z

- **Limousine Chauffeur Endorsement**:
  Reason Code: DDS Regulated Programs (Chauffeur)
  ORI/OAC – GA922983Z; Verification Code – 922983Z

- **Ignition Interlock Provider Center Owner or Installer**:
  Reason Code: DDS Regulated Programs (IIP)
  ORI/OAC – GA922983Z; Verification Code – 922983Z

- Leave the checkbox unchecked for the question of "Does another agency make the fitness determination?"
- Customers may choose between three methods of payment: credit card, money order, or cashier's check.
- Money orders and cashier's checks must be made payable to "Cogent Systems" and should be taken to the GAPS location.
- Fees for all the DDS regulated programs are $52.75. A link for the fees can be found under the "General Information" section on the GAPS website below:

  http://www.ga.cogentid.com/index.htm
- *Cash and personal checks are not accepted.*

Step 3: Print your Receipt.

- Print Step 4 *on the screen* and keep a copy for your records. It should have at the top – "Applicant Registration, Step 4 – Registration Complete, Thank you for Registering".
- If you lose your registration receipt, you can obtain a replacement under the "Registration" Section using the "Registration Receipt" link.

Step 4: Go to the GAPS location as scheduled to be fingerprinted.

- On the date of your fingerprinting, be sure to call ahead to the GAPS location you plan to visit to confirm their business hours, the hours they do fingerprinting, and that a trained individual is going to be available.
- Be sure to take with you all of the items listed under the "Identification Needed for Fingerprinting" link under the "Print Site Locations" section.