



**DDS**  
GEORGIA DEPARTMENT  
OF DRIVER SERVICES

# Staying in Compliance

**PRI Summer Conference**

**Presented by  
Georgia Department of Driver Services  
Regulatory Compliance Division**

June 15, 2016

# GOALS AND OBJECTIVES

## **Goal(s)/ Description of Course:**

This session is designed to provide attendees with an overview of topics and information related to maintaining compliance with DDS Rules and Regulations.

## **Learning Objective(s):**

- Verbalize and identify key rules and regulations that foster an atmosphere of compliance
- Discuss methods for enforcement of DDS Rules and Regulations
- Describe and explain how to utilize the Regulatory Compliance staff support system

# TOPICS

- DDS Online
- Applications
- ADE Assessments
- Audits
- Audit Findings
- Adverse Actions
- Regulatory Compliance Division Support System
- What's New



# DDS ONLINE



# DDS ONLINE – HOME PAGE



**GEORGIA DEPARTMENT  
OF DRIVER SERVICES**

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Search...

**Skip a Step! For Better Service**  
Complete your form online before you arrive!

[Licenses](#) [Drivers Info](#) [Online Services](#) [Locations](#) [FAQs](#) [Business Partners](#) [Regulated Programs](#) [About Us](#)

### Important Change to Serve You Better



Most non-commercial licenses and all Identification Cards are issued for 8 years/\$32.00 (\$4.00 per year)

#### Online Services

- Skip a Step! For Better Service
- For-Hire Driver Endorsement
- Skip a Trip: Submit Proof of Residency or Social Security
- CDL: Self-Cert/Med Documents Status
- License/ID Renewal
- Address Change
- Class D to C Upgrade
- License/ID Replacement
- Check License Status
- Suspension Information
- Pay Reinstatement/ Super Speeder Fee(s)
- Motorcycle Safety Training
- Reservation Status
- Driving History (MVR)
- Parent ADAP

#### What's New?



**Login/Create Online Account !**

**Skip a Step! For Better Service**  
Complete your form online before you arrive!

**Secure Driver's License & ID Required Documents**



**For-Hire Driver Endorsement**  
[Click Here to Apply](#)

#### Find a DDS Location Near You

Enter a location

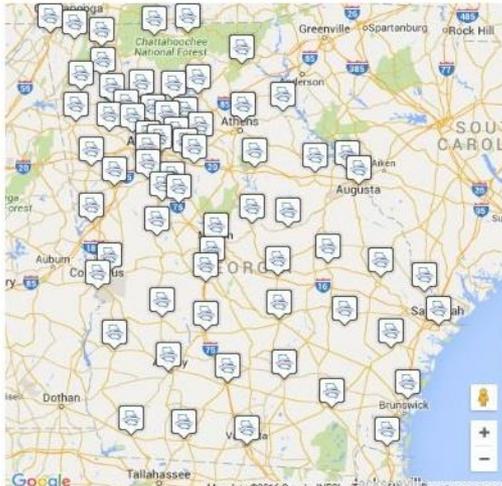
Enter a City, State or a Zip Code (i.e. Atlanta, GA or 30334)

Filter By Service

[Office Closure Calendar](#)

#### How Do I...?

Please select an option



Our convenient Online Services are available 24/7. DDS Customer Service Centers are open Tuesday through Saturday. Tuesday is typically a very busy day, so please visit us on a Wednesday or Thursday when our offices are normally less busy.

**Important: Please review the new Secure ID document requirements and hours of operation before visiting our offices.**

#### Find a DDS Location Near You

Enter a location

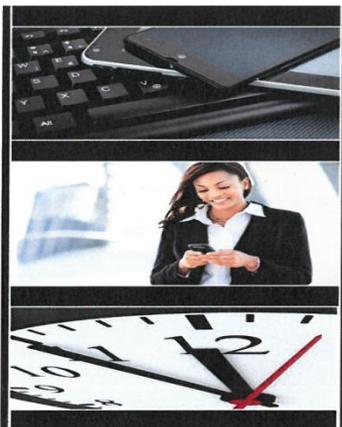
Enter a City, State or a Zip Code (i.e. Atlanta, GA or 30334)

Filter By Service

[Office Closure Calendar](#)

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# DDS ONLINE – ONLINE SERVICES



**SKIP A STEP!** For Better Service @ [www.dds.ga.gov](http://www.dds.ga.gov)!

**Fill out your form.  
Anytime. Anywhere. Any device.**

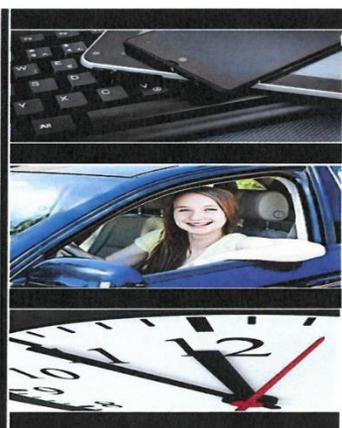
Our **SKIP A STEP** service allows you to fill out the form for your Driver's License, Permit or ID card before visiting any of our Customer Service Centers.

**SKIP A STEP NOW >>**



**FASTER • SECURE • CONVENIENT • 24/7**

Please remember to bring your parent or guardian and proof of school attendance when you come in for your visit.



Save a trip! **Upgrade your license** @ [www.dds.ga.gov](http://www.dds.ga.gov)!

**Upgrade your  
Class D License to a  
Class C License using  
Online Services.**

**Anytime. Anywhere. Any device.**

**UPGRADE NOW >>**



**FASTER • SECURE • CONVENIENT • 24/7**

# DDS ONLINE – ONLINE SERVICES

[Licenses](#) [Drivers Info](#) [Online Services](#) [Locations](#) [FAQs](#) [Business Partners](#) [Regulated Programs](#) [About Us](#)



## Welcome to DDS Online Services!

The Department of Driver Services is proud to bring E-Government services to the citizens of Georgia. Our goal is to make your experience with the Department of Driver Services easier and more convenient while preserving the privacy of personal information.

With DDS Online Services you can perform the following tasks:

### My Account

[Account Login](#)  
[Create an Account](#)

### Card Services

[SecureID: Submit Proof of Residency or Social Security](#)  
[Address Change](#)  
[License/ID Renewal](#)  
[Class D to C Upgrade](#)  
[License/ID Replacement](#)  
[CDL Self-Certification Medical Documents](#)  
[License Status](#)  
[Suspension Information](#)  
[Reinstatement Information](#)

### Pay Fees

[Super Speeder](#)  
[License Reinstatement](#)  
[Pending Suspensions](#)

### Other Services

[Skip a Step](#)  
[For-Hire Driver Application](#)  
[Driving History \(MVR\)](#)  
[Motorcycle Safety Training](#)  
[Reservation Status](#)

# APPLICATIONS



# APPLICATIONS

## New

- New Program
- New Owners/Corporate Officers
- Instructor/Director

## Recertification

- Renewal of Program, Director, and Instructor
- All Owners/Corporate Officers

## Relocation

- Change of Program Location
- Submit at least 30 days prior to move

## Name Change

- Change of Program's Legal or D/B/A Name(s)

# APPLICATIONS – PROGRAM STATISTICS

**285 Certified Risk Reduction  
Programs**  
June - 2016



**285 Certified Program Owners**  
June - 2016



**232 Certified Program Directors**  
June - 2016



**826 Certified Risk Reduction  
Instructors**  
June - 2016

# OWNER RECERTIFICATION - 375-5-6-.07

## Certification Period:

- Certification is valid for 4 years
- An Owner whose certification has expired cannot operate until recertification has been completed
- If the certification has expired over 1 year, a new application is required
- Apply 30 -90 days prior to expiration

## Background Check:

- The Owner must be fingerprinted and provide a Consent for Background check
- If the Owner has undergone a background check within the previous 6 months for another certification, new fingerprints are not required

# DIRECTOR RECERTIFICATION - 375-5-6-.08

## **Certification Period:**

- Certification is valid for 4 years
- A Director whose certification has expired cannot direct until recertification has been completed
- If the certification has expired over 1 year, a new application is required
- Apply 30 -90 days prior to expiration

## **Continuing Education Units:**

- Director must complete 16 C.E.U.'s

## **Background Check:**

- The Director must be fingerprinted and provide a Consent for Background check
- If the Director has undergone a background check within the previous 6 months for another certification, new fingerprints are not required

# INSTRUCTOR RECERTIFICATION - 375-5-6-.09

## **Certification Period:**

- Certification is valid for 4 years
- An Instructor whose certification has expired cannot direct until recertification has been completed
- If the certification has expired over 1 year, a new application is required
- Apply 30 -90 days prior to expiration

## **Course Instruction:**

- Instructor must complete 32 C.E.U.'s
- 4 classes must be taught during the 4 year certification period
- Verification is required

## **Background Check:**

- The Instructor must be fingerprinted and provide a Consent for Background
- If the Instructor has undergone a background check within the previous 6 months for another certification, new fingerprints are not required

# PROGRAM RELOCATION - 375-5-6-.20

## **Notification Period:**

- A Relocation Application is required
- Minimum 30 day prior notice to the Department

## **Required Documentation:**

- Surety Bond Rider amending the program's address to reflect the new facility address
- Proof of a fire code inspection – dated within 90 days of application filing date indicating there are no violations
- Completed Standard Business Hours form
- Copies of student contracts and materials reflecting the new facility address and phone number
- Approved site inspection of facility is required prior to certification being issued



# ADE ASSESSMENT ROSTERS & REBATE FEES



Survey M. Example (#123-456-789)

Page 1 of 4



## NEEDS Assessment PASS41 Development

DATE: 9/13/2011  
NAME: Survey M. Example  
ID NUMBER: 123-456-789

DOB: 9/12/1982  
AGE: 29  
SEX: male  
RACE: white

MARITAL STATUS: never married  
EMPLOYMENT: unemployed  
EDUCATION: 12 years  
INCOME: \$0-10,000

The following report should be viewed as a series of hypotheses which may require further investigation. Individuals interpreting this evaluation should be knowledgeable in substance abuse problems and possess screening and assessment skills.

For NEEDS Report summary, see sections J and K.

### **A: TEST TAKING ATTITUDE SCORE = (5)**

This person's test taking attitude score suggests that he is inclined to be honest in his responses to the questions and to disclose information about himself. The lower the TTA score, the stronger the inclination to do so.

### **B: BASIC PROBLEM SOLVING AND READING ASSESSMENT = (0)**

The NEEDS Survey was completed in 32 minutes.

### **C: EMOTIONAL STABILITY ASSESSMENT = (19)**

This person has a history of emotional problems, and he is currently displaying strong feelings of emotional vulnerability.

- he reports having been treated for emotional problems
- he reports aggressive ideation, as well as, violent behavior while drinking



# ADE SUPPORT



**Call: 800-334-1918**

**OR**

**Send an Email to:  
[support@adeincorp.com](mailto:support@adeincorp.com)**



## ASSESSMENT COMPONENT RULE

- 375-5-6-.14 (3)(b) – Assessment component shall be processed at least thirty (30) minutes before the beginning of the first Intervention Component Session.
  - Gives the instructor a overview of students in the class to allow for preparation
  - Allows time to address invalid assessment results
  - A review of the NEEDS Assessment is conducted during the Intervention Component

## NEEDS ASSESSMENT DATA

- Demographics of the average DUI Offender (ADE Data Report – CY2015):
  - Age – 35.70 years old
  - Gender – 76% are male
  - Education – High school diploma
  - Employment Status – 63% employed full-time
  - Income – 70% earn \$30,000 or less
  - Marital Status – 48% have never been married
  - First Drug of Choice – 61% choose alcohol

# REINSTATEMENT DATA

	FY2012	FY2013	FY2014	FY2015	07.01.15 – 05.31.16
<b>1st DUI</b>	25,834	25,444	23,623	22,350	18,908
<b>2nd DUI</b>	4,159	4,369	3,945	4,033	3,239
<b>3rd DUI</b>	369	374	455	466	411
<b>ALS</b>	10,227	12,000	10,812	9,635	7,584
<b>Refusals</b>	3,102	5,772	5,340	5,169	4,893
<b>TOTAL</b>	43,691	47,959	44,175	41,653	35,035

# STUDENT WORKBOOK DATA

WORKBOOKS PURCHASED					
	FY2012	FY2013	FY2014	FY2015	07.01.15 – 05.31.16
	47,689	45,046	42,424	41,568	36,527



# AUDITS



# INSPECTIONS, INVESTIGATIONS, AND PROGRAM MONITORING – 375-5-6-.28

## **Department is authorized to:**

- Inspect and monitor
- Investigate Programs
- Determine compliance with the Rules and Regulations of each program

## **Program Owners, Directors, Instructors, and Staff shall:**

- Cooperate with any inspection or investigation
- Provide without delay, any information reasonably requested by the Department

## **Notification:**

- Programs/Instructors will be notified of deficiencies in writing

# WELCOME EMAIL

*Good Morning/Afternoon,*

I am *Field Analyst Name* the Field Analyst for your program and would like to say congratulations on becoming a newly approved *DUI Alcohol or Drug Use Risk Reduction Program/Driver Improvement Clinic/Driver Training Program*.

Please ensure that you and your staff are familiar with, and follow the Rules and Regulations of the program(s) that you are certified to offer. The Rules and Regulations can be found on our website: [www.dds.ga.gov](http://www.dds.ga.gov) under Regulated Programs.

I will be scheduling a New Program Interview with your program in thirty (30) days but I am available as a point of contact for any questions and/or issues concerning the operation of your program in accordance to the program's rules and regulations. My contact information is listed below.

Please respond to this email to ensure that I have the correct information by providing any additional email addresses and the current phone number.

Respectfully,

# 30-DAY NEW PROGRAM INTERVIEW

Georgia Department of Driver Services 206 Eastview Parkway, PO Box 6842 • Conyers, Georgia 30013		
Regulatory Compliance Division		
30-Day New Program Interview		
Program Name:	Program Certification Number:	Expiration Date:
Physical Address:	City:	Zip:
Mailing Address:	City:	Zip:
Phone Number:	Fax Number:	
Program Email Address:	Web Site Address:	
Business Hours:	Name of Owner/Director:	
Program Representative:		
General Information		
All student contracts have been printed in duplicate and are pre-numbered.		
Program has received forms bundle from HQ analyst and has all required forms for program(s) and the analyst has reviewed the forms with the program representative.		
Program has been advised of proper organization of class and student files.		
Applications should be submitted 30 days in advance and must be approved by the Department before a program can relocate, change program name, change/add director, change ownership, or add corporate officers. Notify analyst of proposed changes.		
A Standard Business Hours form must be submitted to the Department before business hours can be changed. Notify analyst of proposed changes.		
Program must notify Analyst prior to any unscheduled office closures, cancellations or changes in class schedules.		
The rules and regulations, training calendar, program correspondence and updates are located on the Department's website: <a href="http://www.dds.ga.gov">www.dds.ga.gov</a> under Regulated Programs		
Program has visited the website and understands how to navigate to locate desired information.		
Regulatory Compliance Division Address: 2206 Eastview Parkway, Conyers, GA 30013 Main Number: 678-413-8745 Fax: 678-413-8735 Email: <a href="mailto:reginfo@dds.ga.gov">reginfo@dds.ga.gov</a>		
Department of Driver Services Contact Information for Students: Address: 2206 Eastview Parkway, Conyers, GA 30013, Call Center: 678-413-8400 or toll free 1-866-754-3857 (inside Georgia but outside the Metro Atlanta Area)		
Students may create an online account through our website: <a href="http://www.dds.ga.gov">www.dds.ga.gov</a>		
Advertising		
Program must use legal certified program name and program certification number on any advertising which includes Program's website.		
False and misleading advertising statements is a violation of the rules and regulations.		
A program may indicate in its advertisements that it is "licensed by the State" or "State licensed" however it cannot advertise or imply the program is endorsed by the State or the Department.		
No program shall use the logo of the Department, the State seal nor any other governmental entity logo or symbol in any advertisement.		
OCRA		
To reach the Regulatory Compliance Division OCRA support staff, please send an email to <a href="mailto:reginfo@dds.ga.gov">reginfo@dds.ga.gov</a> (Enter OCRA in the subject line)		
The OCRA welcome page contains an OCRA Refresher, an OCRA cheat sheet, Administrator Privilege Request form, OCRA User Guide and Quick Reference Guide.		
Please refer to those tools to review OCRA procedures when necessary and as a helpful guide to resolve issues first.		
Program should use the Student Maintenance option in OCRA to correct student information.		
Each authorized employee should have their own user name and password. An Administrator Privilege Request form must be completed on each authorized employee. Terminated employees with OCRA access should be removed immediately by submitting a completed Administrator Privilege Request form.		
The Quarterly Schedule must be entered into OCRA by the designated deadlines. (December 15th for (Jan - Mar), March 15th for (April - June), June 15th for (July - Sept), September 15th for (Oct - Dec))		
DUI/RRP		
Assessment Contract must be completed with payment of \$100.00 fee prior to administering Assessment component.		
Assessments must be processed when administered, NOT when the student attends class. Assessments administered on the day of class must be processed no later than 30 minutes prior to class in order for the student to attend class. Assessments can not be held in lieu of obtaining additional students to make a class.		
Intervention Contract must be completed with fee of \$235.00 paid in full prior to allowing student to attend class.		
A minimum of five (5) paid intervention contracts are required to conduct the Intervention Component. Analyst has reviewed the procedure and documentation requirements for a class with less than 5 students in attendance.		
An Authorization for the Transfer and/or Release of Assessments Results form must be completed & signed by the student as well as the program official in order to transfer assessment results. DDS approval is required for students transferring to another school to attend DUI class but is not required for transfer to clinical evaluators. The transfer procedure was explained by Analyst.		
The Student/Offender information form must be completed by each student prior to attending class.		
Personnel files must be maintained for all employees, volunteers, directors and instructors and must contain the following items: Job application, Employee Orientation and Confidentiality Statement, Limited Delegation of Authority form must be completed and signed by all employees the administrator assessments. For Instructors/Directors - Copy of Instructor Certification and/or Director Certification.		
The appropriate PBI Syllabus must be followed when establishing class schedules and must be followed by each RRP instructor.		
Class Files are maintained by class date and must contain: Class roster, Class roll (printed prior to class and must be signed by students for each session attended & instructor), Student record, Assessment Contract, Intervention Contract, Student/Offender form, Assessment Answer Sheet (Needs Survey), Assessment Results/Summary sheet, Graded Post Test, Certificate of Completion (optional) and when applicable Assessment Transfer/Release form. Class files must be kept for 5 years.		
Rebates and Assessment Roster: A \$30.00 rebate fee shall be paid to DDS on all Offenders assessed. ADI Assessment Roster with rebate fees must be received by DDS finance prior to the 15th of every month for assessments processed the previous month. The Assessment Roster is due showing "No Assessments" even if no students were assessed within a given month. All rosters and payments should be mailed directly to the Finance Department or faxed to 678-413-8088. The program is required to maintain a copy of the monthly assessment rosters with copies of the rebate checks or credit card receipts.		
Comments		
I acknowledge that I have received a copy of the 30-Day New Program Interview Form and it has been reviewed with me by the DDS Compliance Analyst. I also acknowledge that I have reviewed the program(s) rules/regulations and understand I am required to abide by such rules.		
Program Representative:	Date:	
DDS Compliance Analyst:	Date:	
Regulatory Compliance Division • Analyst Name Office • Cell • Fax • Email •		

## PURPOSE OF THE PROGRAM AUDIT

- To determine consistency of all programs across the state
- To determine compliance of the Department's rules and regulations governing the program
- To gather data that may be used for statistical purposes



# PREPARING FOR THE PROGRAM AUDIT

- Owner/Director and/or designated program staff should be available on the day of the scheduled program audit
- All files should be neat and organized
- Allow the analyst sufficient space with limited interruptions to conduct the audit
- Allow ample time for the audit to be completed



# AUDIT REPORT



**AUDIT CHECKLIST**  
 **Audit Satisfactory**  
 **Nonconformances Found**  
 **Observations Made**

 Georgia Department of Driver Services 2208 East View Parkway • P.O. Box 90447 • Conyers, Georgia 30013 					
<b>DUI/RR Annual Audit</b>					
Compliance Analyst Completing Audit:		Tunnizia Weston	Audit Date:		
Program Name:			Certification Number:		Certification Expiration Date:
Program Email Address:			Web Site Address:		Director Certification Expiration Date:
Business Hours:			Name of Owner/ Director:		Director Certification Expiration Date:
<b>AUDIT RESULTS</b>					
Audit Category			Next Scheduled Audit		
<b>FOLLOW UP AUDIT INFORMATION</b>					
Previous Audit Date:	Have the deficiencies noted during original audit been corrected?		Were there new deficiencies found during current audit?		
<b>COMPLIANCE AUDIT INFORMATION</b>					
Audit Period:	Thru		Date of Last Audit:		
Total Students since Last Audit	Number of Records reviewed during current audit:				
Certificate of Completion Numbers Issued:	OCRA	Thru		Thru	
Voided Certificates of Completion:	N/A				
# of Replacement Certificates on Hand:					
<b>Web Site Review Findings</b>					
Has Analyst actively searched the Web Site Address?					
Is Program using their Approved Certified Name & Certification Number ?					
Is Program using Department's logo or State Seal?					
Is Program Advertising in a manner that is false or misleading?					
Required Equipment on Site for conducting class:	Yes	Facility Maintained and Customer ready:	Yes	Curriculum Used:	PRI
Comments:			Required Books and Workbooks onsite:	Yes	Print Date: 2004
<b>Instructor Certification Information</b>					
Instructor Name:	Certification Number:	Certification Expiration Date:	Instructor Name:	Certification Number:	Certification Expiration Date:
<b>Program Compliance Audit Findings</b>					
Records for the period reviewed appear to be compliant with the Rules and Regulations of the Department of Driver Services.					
Findings of this audit indicate deficiencies that are not compliant with Department of Driver Services Administrative Rules and Regulations governing this regulated program					
Description of deficiency/deficiencies noted			Administrative Rule Number	Deficiency Category	
A Corrective Action Plan for the deficiency/deficiencies noted above is required and should be received by the Compliance Analyst prior to the close of business:					
Comments					
I acknowledge that I have received a copy of the Department of Driver Services Regulated Program Compliance Audit completed by the DDS Compliance Analyst and that the results of the audit have been explained to me.					
Program Representative:			Date:		
DDS Compliance Analyst: Tunnizia Weston			Date:		

# AUDIT FINDINGS



- Each violation is tied to an existing statute or administrative rule and categorized according to severity
- Field Analyst will review the findings of the audit with Program Owner, Director and/or Program Official present

# AUDIT CATEGORIES

## Category 1: Severe

Deficiencies must be corrected within 30 days of implementation of the corrective action plan.



## Category 2: Moderate

Deficiencies must be corrected within 3 months following implementation of the corrective action plan.



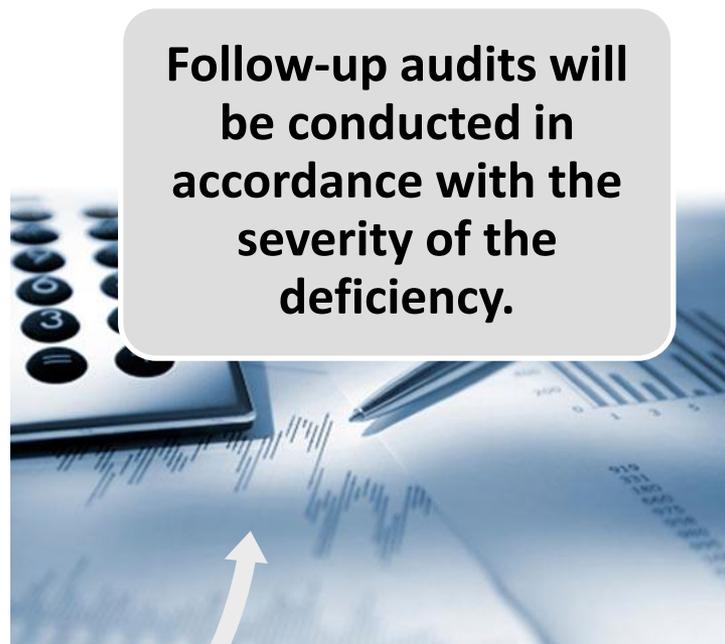
## Category 3: Minor

Deficiencies must be corrected within 6 months following implementation of the corrective action plan.

# FOLLOW-UP AUDITS



**Follow-up audits will be conducted until the program has corrected all compliance issues.**



**Follow-up audits will be conducted in accordance with the severity of the deficiency.**

# CORRECTIVE ACTION PLAN (CAP)

Regulatory Compliance Division  
**GEORGIA DEPARTMENT OF DRIVER SERVICES**  
 Program Corrective Action Plan

**A Corrective Action Plan must identify:**

- How compliance with each rule violation will be achieved
- Timeframe for completion/implementation of correction of each violation
- How continued compliance will be maintained once achieved

Must be dated and signed by the licensed Owner or, the Risk Reduction Program Director

**DATE:**  
 Program Name XXXX Certification number # 000 County xxxx

Check one only:  DUI Alcohol/Drug Risk Reduction  Driver Improvement  Driver Training  
 Third Party Testing

**Program Representative: XXXXXXXX**

Rule #	Description of violation:
Corrective Action(s) requested by the Compliance Analyst to be put into place in order to achieve program compliance:	
Describe how continued compliance will be achieved and maintained:	

Date Implemented: \_\_\_\_\_

Signature of licensed Program Owner or Risk Reduction Program Director only: _____	Date: _____
--	-------------

Form will not be accepted without an official, original signature. Program will be notified of acceptance or denial of Corrective Action Plan

Please use provided supplemental sheet for any additional violations needing corrective action.

Programs must send this form within fifteen (15) days of notification of the Departments request for Corrective Action Plan to: **DUE BY:**

**Tunnizia Weston**  
 Regulatory Compliance Division • 409 S. Midway Road • Cordele, Georgia 31015  
 Office 229.271.4706 • Cell 404.909.4726 • Fax 229.271.4949  
 Email: tweston@dds.ga.gov

# CORRECTIVE ACTION PLAN (CAP)

## **Corrective Action Plan Must:**

- Describe how continued compliance will be achieved and maintained
- Show the date the plan will be implemented
- Be signed and dated by the licensed Program Owner or Risk Reduction Program Director only
- Be returned to Field Analyst within (15) fifteen days of notification

## AUDIT QUESTIONS

**School Owners & Directors  
should direct any questions  
about the audit findings or the  
corrective action plans to their  
Field Analyst.**

# ADVERSE ACTIONS



## ADVERSE ACTIONS

Warning Letter

Administrative Fine

Suspension/Cancellation/Revocation

## HISTORY OF COMPLIANCE 375-5-6-.10

Department may consider the Applicant's history of compliance when determining eligibility for Certification and Recertification.

Cancellation, Suspension, or Revocation of Certification(s) in another program may result in the same for this program.

# ENFORCEMENT OF PROGRAM REGULATIONS

375-5-6-.29



## Assess Administrative Fines

- Fine not to exceed \$1,000.00 per violation
- In determining the fine amount the Department may consider the seriousness of the violation
- Whether the same violation has previously occurred
- Whether procedures designated to prevent the violation were in place and followed



## Revocation, Cancellation, or Suspension

- In considering which to impose the Department may consider:
  - The history of compliance
  - The seriousness of the violation(s)
  - Whether violation was voluntarily reported to the Department
  - Whether they exhibited good faith efforts to correct areas of non-compliance prior or subsequent to the discovery by the Department

# ADVERSE ACTION STATS

## FY2015 Adverse Actions

- 22 Administrative Fines imposed for a total amount of \$9,400
- Average of 2 programs fined per month
- Average fine amount per month is \$400
- 11 suspensions/cancellation/revocations



# REGULATORY COMPLIANCE SUPPORT SYSTEM



# FIELD OPERATIONS

Area 1  
 Tamara Roper  
[troper@dds.ga.gov](mailto:troper@dds.ga.gov) 404-909-6295

Area 2  
 Scott Morrison  
[smorrison@dds.ga.gov](mailto:smorrison@dds.ga.gov) 404.909.4727

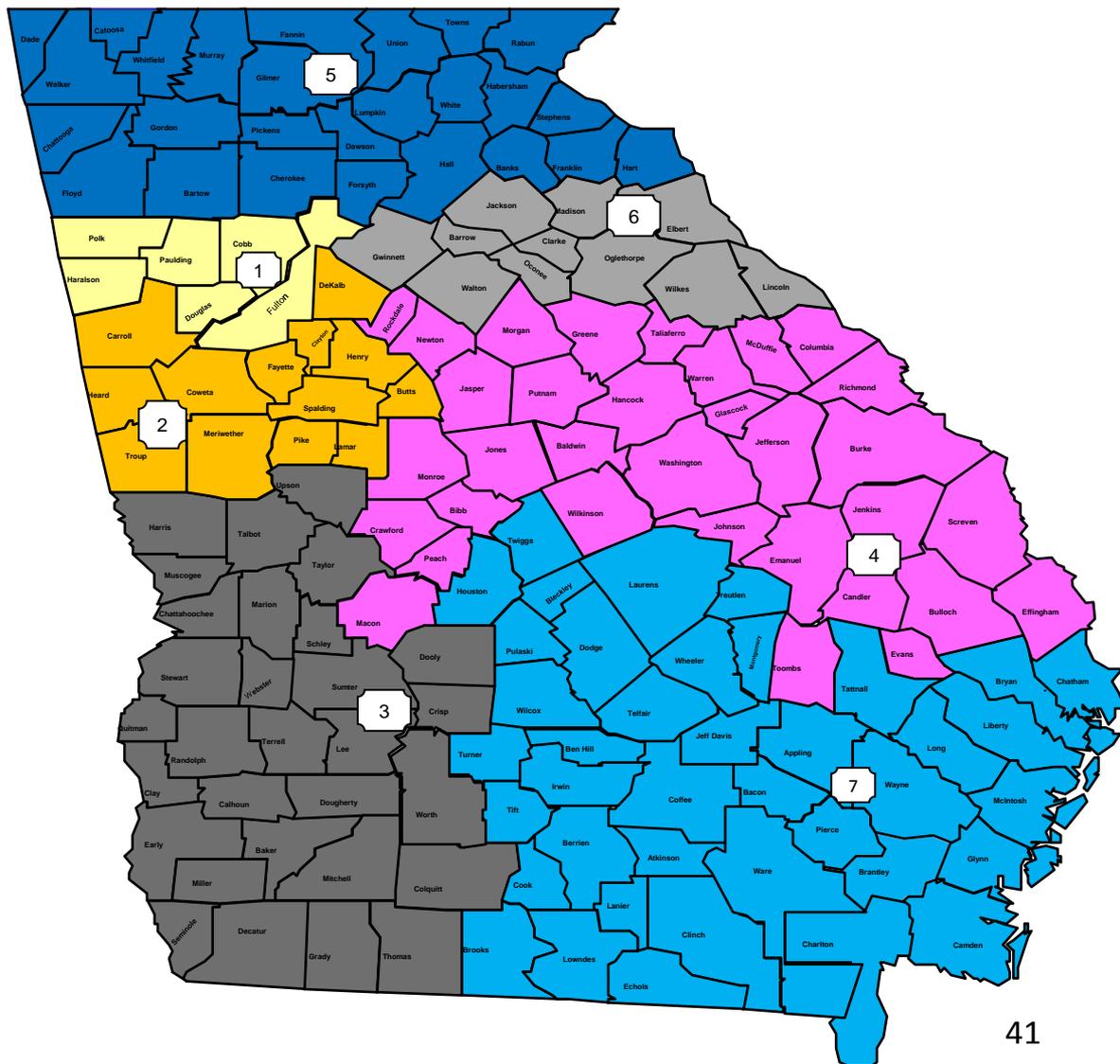
Area 3  
 Tunnizia Weston  
[tweston@dds.ga.gov](mailto:tweston@dds.ga.gov) 404.909.4726

Area 4  
 Lisa Marks  
[lmmarks@dds.ga.gov](mailto:lmmarks@dds.ga.gov) 404.909.4484

Area 5  
 Misty Roberts  
[mroberts@dds.ga.gov](mailto:mroberts@dds.ga.gov) 404.909.5242

Area 6  
 Kenny White  
[kwhite@dds.ga.gov](mailto:kwhite@dds.ga.gov) 678.228.7089

Area 7  
 Anna Preston  
[apreston@dds.ga.gov](mailto:apreston@dds.ga.gov) 404-210-6178



# CONTACTS



- Who do I contact



## How do I contact Regulatory Compliance?

### DDS Mailing Address

2206 East View Parkway  
Conyers, GA 30013

### Phone

678.413.8745

### Email

[reginfo@dds.ga.gov](mailto:reginfo@dds.ga.gov)

### Regulatory Compliance Website

[www.dds.ga.gov/regulatedprograms](http://www.dds.ga.gov/regulatedprograms)

## WHAT'S NEW ?



# SENATE BILL 100

## Effective 7/1/2015

It shall be unlawful for the owner, agent, servant, or employee of any driver improvement clinic or DUI Alcohol or Drug Use Risk Reduction Program licensed by the department to directly or indirectly offer, for purposes of the enrollment or solicitation of any student or prospective student, any item of monetary value, including but not limited to United States legal tender, food, gasoline cards, debit gift cards, or merchant gift cards to any:

- 1) Student or agent or legal representative of a student;
- 2) Employee or agent of a private company which has contracted with a county, municipality, or consolidated government to provide probation services
- 3) Law enforcement officer; or
- 4) Officer or employee of the judicial branch or a court.

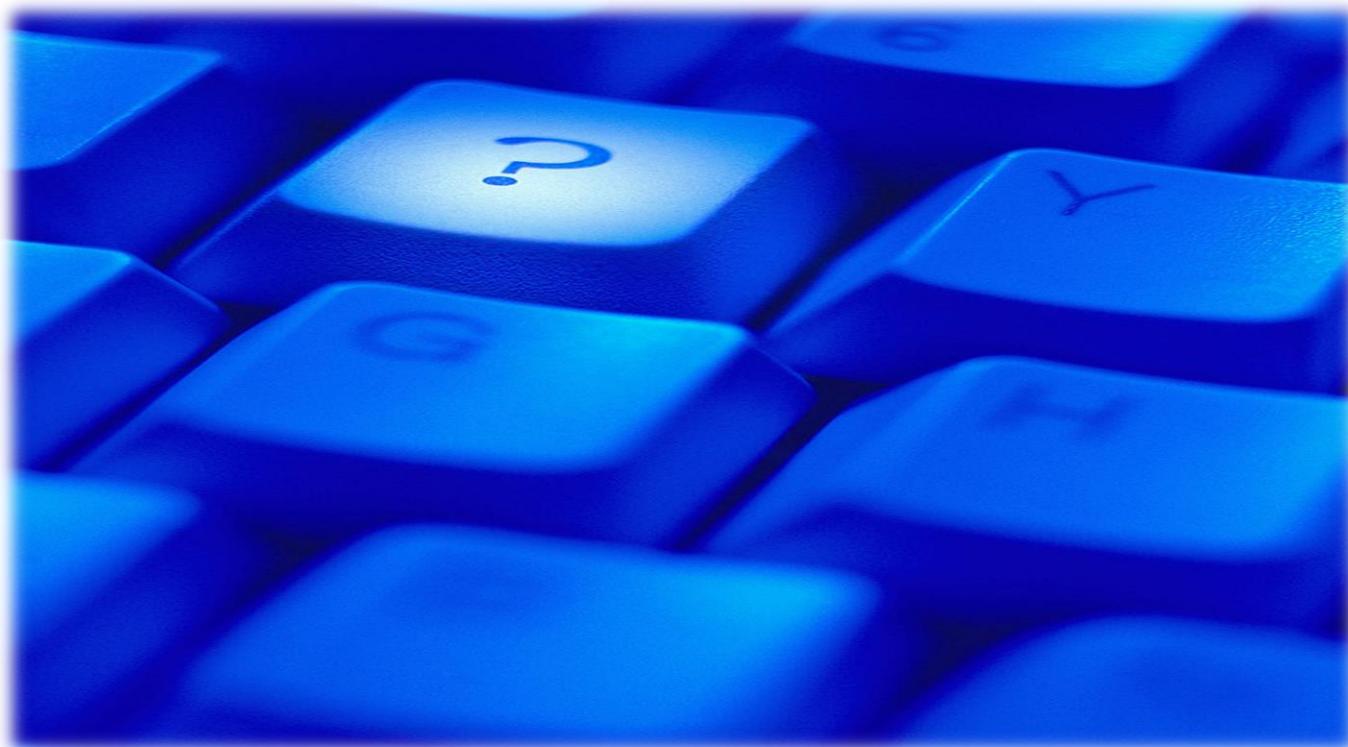
A violation of this subsection shall be a misdemeanor.

# SENATE BILL 320

**Effective 1/1/2017**

In addition to all other penalties available at law, any person convicted of a second or subsequent offense under this subsection shall have his or her license to operate a driver improvement clinic or DUI Alcohol or Drug Use Risk Reduction Program under this article revoked.

# QUESTIONS





***DDS***  
***GEORGIA DEPARTMENT  
OF DRIVER SERVICES***