



Third Party Tester Checklist

PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED

- All applicants—including partners, corporate officer(s) and/or controlling stockholders, or the principal of a high school program—must sign the Statement of Completion at the bottom of this page and include with the application.
- All applicants—including partners, corporate officer(s) and/or controlling stockholders or the principal of a high school program—are required to complete Sections 2 and 3. You may photocopy these sections accordingly.
- All applicants must submit a notarized Consent for Background Investigation Form. (Form # RC-900)
- All applicants—including partners, corporate officers and/or controlling stockholders must undergo a fingerprint-based background check. Refer to the attached fingerprint instructions (RC-GAPS-999) for more information. All applicants must use the Georgia Applicant Processing System (GAPS).
- Submit a primary road skills test route and an alternate road skills test route. Use Guidelines for Development of Road Skills Test Routes (Form # RC-TPT 999) to develop the routes.

NOTE: Testers will be required to submit a signed Third Party Testing Agreement and also a draft of the student contract, pre-numbered and pre-printed with program address and phone number. The TPT Agreement and a standardized contract will be provided by the Department after the application has been accepted.

STATEMENT OF COMPLETION

I hereby certify that this application includes all documents 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.

Printed Name	Legal Signature	Date
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Please submit application 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.



Third Party Tester Application

SECTION 1: Applicant Information

Full Name of Licensed Driver Training School _____ Certification # _____

Names of School Owner(s) _____

Physical Address _____ City _____ County _____ State _____ Zip Code _____

Mailing Address Same as above _____ City _____ County _____ State _____ Zip Code _____

Primary Phone Number _____ Fax Number _____

Email Address _____ 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 Does the driver training school have e-mail and internet access?
 Yes No

1.2 Number of instructors applying for examiner certification: _____

1.3 Number of driver training vehicles: _____

1.4 Has the driver training school been licensed for at least two (2) years?
 Yes No

1.4.1 Date driver training school approved: _____

1.5 Does the driver training school actively conduct a driver training course consisting of 30-hour classroom training and minimum of six (6) hours of behind-the-wheel training?
 Yes No

1.5.1 How many 30/ 6 classes have been taught in the past two (2) years? _____

1.6 Has the driver training school had any non-compliance issues in the past two (2) years?
 Yes No

1.6.1 If yes, please give details of non-compliance, use separate sheet if necessary:

Non-compliance _____ Date(s) _____

Non-compliance _____ Date(s) _____

Non-compliance _____ Date(s) _____



SECTION 2: Applicant Qualifications

Last Name First Name Middle Name Suffix

Title

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?
 Yes No

2.2 Are you a United States citizen?
 Yes No

2.2.1 If you answered "No" to question 2.3, are you legally present in the United States?
 Yes No

NOTE: *Acceptable proof of citizenship or lawful presence may be required.*

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 submit all reports and information as specified in the DDS rules and regulations, third party agreement, and department's directives and will allow the examination and audit of the books, records, and files for my driver training and third party testing programs by the Department of Driver Services.

I hereby authorize the release to DDS of any information necessary for the determination of my application for tester 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

Guidelines for Development of Road Skills Test Routes

Third party testers must develop the road skills test routes they will use when administering the tests to students. Using the guidelines below, review the driving situations in the area and develop two (2) road skill routes that you believe will be suitable for testing the driving ability of a student. The objective is to develop a challenging but safe route.

General Guidelines

- The road skills test is comprised of two (2) mandatory components: basic skills and on-the-road testing.
- The road skills test must be a minimum of 35 minutes and a maximum of 45 minutes from start to finish.
- Each road skills test will start with the basic skills component.
- Two (2) complete road routes must be submitted: One (1) primary route and one (1) alternate route. The alternate route cannot be the reverse of the primary route.
- Avoid including construction areas, intersections known to be dangerous, uncontrolled intersection with high traffic volume or poorly marked streets.
- Be aware of visual obstacles at intersections and stop signs, such as overgrown vegetation blocking the driver's view.
- Variances in routes may be approved by DDS staff based on the local driving environment and availability of controlled and non-controlled intersections. A DDS staff member will ride the proposed routes to ensure the routes are safe and adhere to DDS testing standards. Changes to the proposed routes may be required prior to approval.
- Only routes approved by the DDS may be used for third party testing.

Guidelines for Basic Skills Test Development

- The basic skills test consists of four (4) maneuvers:
 - Parallel Parking
 - Turn About
 - Straight Line Backing
 - Quick Stop
- The preferred location of the basic skills test is at the school or in close proximity to the school. Paved parking areas are ideal. This portion of the test should be conducted in an area away from traffic, pedestrians or other distractions. The test layout must accommodate all four (4) maneuvers; cones or barrels will be used as guides. Only one basic skill location and test layout is required.

Guideline for Road Route Test Development

- The road test route begins immediately after the basic skills component.
- The road test must consist of the following:
 - Four (4) right turns;
 - Four (4) left turns;
 - Typical traffic situations for the immediate area such as expressway driving, divided highways and two-lane roads; and
 - Controlled and non-controlled intersections such as traffic lights, stop signs, yields and situations that required a lane change.

Preferred Format for Route Submission (select one format):

1. A typed document of the route in a turn-by-turn format, including route mileage and total time estimate.

Example:

- Start at Oak Shopping Plaza, 123 Oak Ave (Basic Skills Test location)
 - Right turn out of plaza onto Oak Ave.
 - Straight on Oak Ave for 1.2 miles
 - Left turn from Oak Ave onto Pine Street at traffic light intersection
 - After .5 miles, merge left and enter the left turning lane before traffic light intersection
 - Turn left onto Maple Street
2. Printed map from internet mapping source, with route highlighted and information on turns and intersection types. Additional written details on intersections and driving environment may be required.

**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 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			

APPLICANT TYPE: (OFFICE USE ONLY)			
<input type="checkbox"/> DUI Risk Reduction	<input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Instructor
<input type="checkbox"/> Driver Improvement	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Driver Training	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Third Party	<input type="checkbox"/> Tester	<input type="checkbox"/> Examiner	
<input type="checkbox"/> Ignition Interlock	<input type="checkbox"/> Owner/Operator		
<input type="checkbox"/> Chauffeur			
<input type="checkbox"/> Commercial Veh. Training School	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Motorcycle Safety	<input type="checkbox"/> 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: _____

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.