



## **DUI Alcohol or Drug Use Risk Reduction Program Owner Checklist**

- All applicants—including partners, corporate officers, and/or controlling stockholders—must sign the Statement of Completion at the bottom of this page and include it with the application.
- All applicants— including partners, corporate officers, and/or controlling stockholders —are required to complete all sections of the application with the exception of Section 1, which only needs to be completed once. You may photocopy these sections accordingly.
- 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).
- All applicants— including partners, corporate officers, and/or controlling stockholders —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 in Georgia.
- All applicants— including partners, corporate officers, and/or controlling stockholders must submit one (1) photograph, taken within thirty (30) days of filing this application.
- Submit proof of a continuous surety bond from a bonding company authorized to conduct business in the state of Georgia in the principal sum of \$10,000 for each program location. (Form # RC-RRP-101)
- Submit proof of a fire code inspection of the program location, dated within 90 days of filing the application, showing no violations.
- Submit a copy of the program’s business license.
- Submit the program’s Standard Business Hours. (Form # RC-800)
- Submit a DUI New Director application for *each* person appointed as the program director. (Form # RC-RRP-300)
- Submit a signed Instructor Letter of Intent from each certified DUI instructor who will teaching at your program. (Form # RC-RRP-508)
- If incorporated, submit a copy of the Certificate of Incorporation from the Secretary of State; *or*
- Submit a notarized certification of the adopted business name. The notarized certification that is required by our Department, per Ga. Admin. Comp. Ch. 375-5-.04(4), is obtained from the Clerk of the Superior Court in the county the program is located. (Form # RC-700)

**NOTE: Programs will be required to submit drafts of the student assessment and intervention contracts, pre-numbered and pre-printed with program address and phone number. Standardized contracts 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.**

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**Printed Name**

**Legal Signature**

**Date**

**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.**



## **IMPORTANT NOTICE**

***Please be mindful that the most commonly omitted items from the New DUI Program Application are:***

- Executed Surety Bond Form
- New Director Application
- Notarized Trade Name Form that's been registered with County's Clerk's Office
- Completed application for each stakeholder/ partner
- Notarized Consent for Background Investigation Form for each stakeholder/ partner (Form # RC-900)
- Georgia Applicant Processing System (GAPS), the fingerprint-based background check for each stakeholder/ partner

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







2.2 Are you currently, or have you ever been, certified as a DUI Alcohol or Drug Use Risk Reduction program owner, director or instructor in the state of Georgia?

Yes  No

2.2.1 If you answered "Yes" to question 2.2, list your certification number: \_\_\_\_\_

2.3 Are you currently, or have you ever been, certified by the Department of Driver Services as a driver improvement or driver training owner or instructor, or an ignition interlock operator, or an alcohol and drug awareness (ADAP) instructor?

Yes  No

2.3.1 If you answered "Yes" to question 2.3, indicate your certification type(s) and certification number(s):

\_\_\_\_\_

2.4 Have you ever been certified by Prevention Research Institute, Inc. (PRI) to instruct any of their curricula?

Yes  No

2.4.1 If you answered "Yes" to question 2.4, provide the name of the curriculum you were certified by PRI to instruct and the date you received that certification.

Name of Curriculum	Version	Date Certified

**SECTION 3: Applicant Qualifications**

3.1 Are you a United States citizen?

Yes  No

3.1.1 If you answered "No" to question 3.1, are you legally present in the United States?

Yes  No

3.1.2 Applicants that are not citizens of the United States must submit proof of lawful presence with application.

3.2. Are you currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Services?

Yes  No

3.3 Do you have a 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 Human Services?

Yes  No

3.4 Are you 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

3.5 Do you have a spouse that is 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

3.6 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

3.7 Are you at least 21 years of age?

Yes  No



**SECTION 4: Criminal History**

4.1 Have you ever been convicted of or plead guilty or *nolo contendere* to any crime which constitutes a felony?

Yes  No

4.2 Have you been convicted of or plead guilty or *nolo contendere* to any misdemeanor involving fraud, dishonesty, or deceit within the ten (10) year period preceding the date of this application?

Yes  No

4.3 Have you been convicted of or plead guilty or *nolo contendere* to any other misdemeanor, including driving under the influence, within the five (5) year period preceding the date of this application?

Yes  No

4.4 Are you currently on probation for any criminal offense in this or any other state?

Yes  No

4.4.1 If you answered "Yes" to question 4.4, give the nature of probation in the area below.

Offense State and County Date

Offense State and County Date

4.5 Are there any criminal charges currently pending against you?

Yes  No

4.5.1 If you answered "Yes" to question 4.5, provide the nature of the charges below.

Charge State and County Date

Charge State and County Date

4.6 In the space provided below, list your complete criminal history for the previous ten (10) years, including charges that were dismissed, *nolle prossed*, or no-billed.

Offense State and County Date Disposition

4.7 Have you received a pardon for any of the offenses listed in question 4.6 above?

Yes  No

4.7.1 If you answered "Yes" to question 4.7, attach a copy of the pardon.

**SECTION 5: Driving History**

5.1 Do you currently possess a valid driver's license?

Yes  No



**5.2** In the area provided below, list your driver's license information for the past five (5) years, including any previous states.

Driver's License Number	State	Expiration Date	Years Licensed in State

**5.3** Is your driver's license or driving privileges currently cancelled, suspended, or revoked in this state or any other jurisdiction?  
 Yes  No

**5.4** Are there any *pending* cancellations, suspensions, or revocations against your driver's license?  
 Yes  No

**5.5** Has your driver's license been cancelled, suspended, or revoked within the past five (5) years?  
 Yes  No

**5.5.1** If you answered "Yes" to question 5.5, list the state(s) that revoked, suspended, cancelled, or denied your driver's license and the reason(s).

State	Reason	Month/Year

**5.6** List your complete driving history for the previous five (5) years, including pleas of *nolo contendere*.

Offense	State and County	Date	Disposition

**5.7** Are there any traffic charges currently pending against you?  
 Yes  No

**5.7.1** If you answered "Yes" to question 5.7, provide the nature of the charges below.

Charge	State and County	Date



**SECTION 6: 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 including, but not limited to: assessment results and other program components. 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 refrain from abusing alcohol or other drugs, and from using illegal drugs.

I will submit all reports and information as specified in the DDS rules and regulations and will allow the examination and audit of the books, records, and financial statements of my risk reduction program by the Department of Driver Services.

In accordance with O.C.G.A. §40-5-83(e), I agree to pay to the state of Georgia a fee of \$22.00 for each student assessed.

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.

The risk reduction program complies with the requirements set forth by the Americans with Disabilities Act of 1990.

*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 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			

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:

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**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 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:

**SURETY BOND FOR DUI, ALCOHOL OR DRUG USE RISK REDUCTION PROGRAM**

**Bond #** \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS:** That we,

\_\_\_\_\_  
(Name of Risk Reduction Program Including the Legal Name and any D/B/A Name)

as Principal, and \_\_\_\_\_

a corporation organized and existing under the laws of the State of \_\_\_\_\_

**and authorized to do business in the State of Georgia, for use and benefit of all interested persons, injured by any breach of the conditions of this obligation, in the sum of TEN THOUSAND (\$10,000) DOLLARS 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 OBLIGATIONS ARE SUCH THAT:**

**WHEREAS**, the above mentioned Principal has made application to the DEPARTMENT OF DRIVER SERVICES for a certificate to operate a DUI, Alcohol or Drug Use Risk Reduction Program under the provisions as set out in O.C.G.A. 40-5-83, representing by said application and by these presents, that all the statements set forth in said application and all of the written evidence or other probative matter filed in connection with such application, are true; and obligating itself and its agents to faithful compliance with all provisions of O.C.G.A. 40-5-83 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. Title 40 for the protection of the contractual rights of students who enter into the annexed

contract with \_\_\_\_\_  
(Name of Risk Reduction Program and Full Location Address)

**WHEREAS**, a copy of the contract of the Principal is hereby attached and made a part of this undertaking.

**NOW, THEREFORE**, if said Principal shall in all things well and truly perform, fulfill, comply with and observe all and singular the above named conditions, representations and obligations, then this obligation shall be null and void; otherwise to be and remain in full force and effect, provided, however, that the aggregate liabilities recoverable against such bonds shall not exceed the sum of TEN THOUSAND (\$10,000) DOLLARS regardless of the number of claimants.

**IN WITNESS HEREOF**, said Principal has hereunto set its hand and seal and the said Surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

ATTEST:

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Witness Countersigned

\_\_\_\_\_  
Name

\_\_\_\_\_  
Resident Agent of Georgia

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address of Resident Agent

By: \_\_\_\_\_  
Attorney-in-Fact

\_\_\_\_\_  
Telephone Number  
RC-RRP-101(09/09)



# Standard Business Hours

## Risk Reduction Program Hours of Operation

**Ga. Admin. Comp. Chapter 375-5-6-.19** Each program shall maintain business hours of at least fifteen (15) hours per week.

## Driver Improvement Clinic Hours of Operation

**Ga. Admin. Comp. Chapter 375-5-1-.10 (g)** An employee of the clinic must be available during the hours of 10:30 a.m. to 5:00 p.m. to furnish information of operation, verify attendance to a class, or to produce the necessary records or documents whenever requested by a member of the Department. The clinic may close for a lunch hour at a set time, upon notice to the Department of the scheduled lunch hour.

## Driver Training School Hours of Operation

**Ga. Admin. Comp. Chapter 375-5-2-.11 (k)** An employee of the driving training school and/or limited driver training school must be available during the hours of 10:30 to 5:00 p.m. to furnish information of operation, verify attendance to a class, or to produce the necessary records or documents whenever requested by a member of the Department. The school may close for a lunch hours at a set time upon notice to the Department of the scheduled lunch hour. Flexibility in the time may be observed as long as the school is open at least six (6) hours per day, at least three (3) hours of which must fall within the period of 10:30 a.m. to 5:00 p.m.

## Ignition Interlock Device Provider Center Hours of Operation

**Proposed Rule:** Maintain a place where the ignition interlock device provider center will be located which is easily accessible and open during pre-established daily business hours. Provider centers shall maintain daily business hours of at least four hours per day, between the hours of 8:00 a.m. and 8:00 p.m., five days per week.

**Important Note:** Facilities approved to operate more than one program must establish hours of operation that will satisfy at least the minimum requirements for each of the programs.

Example: If a facility offers driver improvement and risk reduction programs, the hours must meet the more stringent requirements of the driver improvement program and maintain the minimum operation hours of 10:30 a.m. to 5:00 p.m., Monday to Friday.

### Hours of Operation:

Indicate below your program's intended hours of operation.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Open						
Lunch						
Time Closed						

**The Department of Driver Services must receive written notice of any business hours changes at least two (2) weeks in advance.**

Hours of operation certified by: \_\_\_\_\_  
(Signature of program owner/director)

Program Name and Certification #: \_\_\_\_\_

***INSTRUCTOR LETTER OF INTENT***

***I, \_\_\_\_\_,***  
**(Risk Reduction Program Instructor Name)**

**Certification Number \_\_\_\_\_, am a certified DUI, Alcohol or Drug Use Risk Reduction Program instructor and have met all of the requirements as outlined by the Georgia Department of Driver Services.**

***I do hereby voluntarily sign this LETTER OF INTENT, thereby indicating my willingness to perform the duties of a risk reduction program instructor at the risk reduction school tentatively named \_\_\_\_\_.***

**Risk reduction school owned by \_\_\_\_\_**

\_\_\_\_\_  
**Risk Reduction Program Instructor**

\_\_\_\_\_  
**Date**

**APPLICATION TO REGISTER A BUSINESS TO BE CONDUCTED  
UNDER A TRADE NAME/ADOPTED BUSINESS NAME**

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY ARE  
CONDUCTING A BUSINESS AT \_\_\_\_\_  
(STREET ADDRESS)

IN THE CITY OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, IN THE  
STATE OF GEORGIA UNDER THE TRADE NAME:

\_\_\_\_\_  
THE NATURE OF SAID BUSINESS IS \_\_\_\_\_

SAID BUSINESS IS COMPOSED OF THE FOLLOWING PERSON(S) OR 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. In no way is the Clerk of Superior Court required to use this form.

## [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 Services \(GAPS\)](#) to satisfy the statutorily required 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 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](http://www.ga.cogentid.com).

**IMPORTANT: On or around the date you submit your application please go ahead and 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 “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 “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”. Based on the certification you are seeking, use the following reason codes on the following page:

- **Driver Training School Owner or Third Party Tester:**  
Reason Code: DDS - Driver Training School Owners  
ORI/OAC – GA922985Z; Verification Code - 922985
  - **Driver Training Instructor or Third Party Examiner:**  
Reason Code: DDS - Driver Training School Instructors  
ORI/OAC – GA922984Z; Verification Code – 922984Z
  - **Driver Improvement Instructor or Owner:**  
Reason Code: DDS - Driver Improvement Program Owner/Instructor  
ORI/OAC – GA922986Z; Verification Code – 922986
  - **DUI Alcohol or Drug Risk Reduction Instructor, Director or Owner:**  
Reason Code: DDS – DUI Program – Operator/Instructor/Director  
ORI/OAC – GA1220400; Verification Code – 47500
  - **Limousine Chauffeur Permit:**  
Reason Code: DDS – Chauffeur Permit  
ORI/OAC – GA922982Z; Verification Code – 922982Z
  - **Ignition Interlock Provider Center Owner or Installer:**  
Reason Code: DDS –Applicant/Cert-Ignition Interloc Device Providers  
ORI/OAC – GA1220400; Verification Code – 47500
- Leave the checkbox unchecked for the question of “Does another agency make the fitness determination?”
  - Customers may choose between two methods of payment: credit card or money order.
  - Money orders must be made payable to “Cogent Systems” and should be taken to the GAPS location.
  - Fees can be found at the following link:  
[http://www.ga.cogentid.com/GA\\_DOCS\\_html/GA\\_Fees\\_10012007.htm](http://www.ga.cogentid.com/GA_DOCS_html/GA_Fees_10012007.htm)
  - *Cash and 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 at the following link:  
[https://www.ga.cogentid.com/perlpub/frame\\_page.pl?link=check\\_status.pl?pa=Receipt](https://www.ga.cogentid.com/perlpub/frame_page.pl?link=check_status.pl?pa=Receipt)

**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 “What to Bring” link:  
[http://www.ga.cogentid.com/GA\\_PDF/ID\\_Verification.pdf](http://www.ga.cogentid.com/GA_PDF/ID_Verification.pdf)