APPLICANTS APPYING FOR INTRASTATE AUTHORITY

Georgia Department of Public Safety
Commercial Vehicle Enforcement
959 United Ave SE.
Atlanta, GA 30316
(404) 624-7241
www.dps.georgia.gov

CONSENT FOR BACKGROUND INVESTIGATION

- *Complete, sign, and have this form notarized. Note: False statements and/or swearing are felonies; see O.C.G.A.* § 16-10-20.
- *Present to local police or sheriff's department and request a background check report;*
- *Once you receive the results of the background check, attach the report to this form and mail to the attention of CVE, Regulations Compliance Section, at the above address.*

(DPS use only) **FILE Number**		*(DPS use only)* **Date Received**	
(DPS use only) **Permit Number**		DPS Use only) **Background**	
Name (Last, First, Middle)			
Date Of Birth (month, day, year)		**Male or Female**	
Drivers License Number		**Social Security Number**	
State of Issue		**Date of Issue**	
Do you hold any other drivers licenses?	(circle) **Yes or No**	**If so list license numbers & states**	
Current Street Address			
City		**State**	**Zip Code**
Phone Number		**Email Address**	
Company Name			
Company Address			
City		**State**	**Zip Code**
Phone Number		**Email Address**	
Ethnic Background	(1): Native American (2): White not Hispanic (3): Hispanic (4): Black not Hispanic origin (5): Asian/Pacific Islander (6): Multi-racial (7) Other (list):		

O.C.G.A. 40-1-153 requires each owner, partner and officers of corporations to provide the information contained herein. Providing false statements and information is a crime and will disqualify your application from being approved.

I hereby apply to the Georgia Department of Public Safety for a Certificate or Permit to operate a motor carrier company. I understand that my criminal and driver histories will be investigated, and hereby give my consent for the Georgia Department of Public Safety to conduct whatever investigations necessary to determine my eligibility to apply for and hold a Certificate or Permit. I understand that false, misleading, or incomplete information given in my application or on this Consent Form may result in denial, cancellation, suspension, revocation, of my Certificate or Permit, as well as 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.

Have you ever been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any felony as such violation or violations are related to the operation of a motor vehicle? **Yes** or **No** (circle your response)

Subscribed and sworn to before me,

(Signature of applicant or authorized person – USE BLUE INK)

this ____day of

20 ,

(Title)

(Telephone Number)

Notary Signature (USE BLUE INK) and Seal My Commission Expires:

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