

THIRD-PARTY TESTER EXAMINER CERTIFICATION APPLICATION

Purpose: Third-Party Testers use this form to apply for certification to conduct the skills test component of the CDL examination.

Instructions: Answer all questions. Write "N/A" if questions are not applicable. An incomplete form will not be processed.

APPLICANT INFORMATION				
FULL LEGAL NAME (last)	(first)	(mi)	(suffix)	APPLICATION DATE (mm/dd/yy)
HOME STREET ADDRESS				
CITY		STATE	ZIP CODE	HOME TELEPHONE NUMBER
EMAIL ADDRESS		CUSTOMER NUMBER		

EMPLOYMENT INFORMATION			
THIRD PARTY TESTER (EMPLOYER)	WORK LOCATION ADDRESS		
CITY	STATE	ZIP CODE	WORK TELEPHONE NUMBER
EMPLOYER MAIN OFFICE ADDRESS (if different from above)		NUMBER OF YEARS WITH CURRENT EMPLOYER	
CURRENT DUTIES AND RESPONSIBILITIES (On the back of this application, describe your duties and responsibilities at your current work location.)			
PREVIOUS EMPLOYER NAME			
STREET ADDRESS			
CITY	STATE	ZIP CODE	EMPLOYER TELEPHONE NUMBER

ADDITIONAL INFORMATION	
CLASSES AND TYPES OF COMMERCIAL MOTOR VEHICLES (on the back of this application list classes and types of commercial motor vehicles for which you want to be certified to conduct the skills tests.)	
<p>1. Have you ever been a third-party examiner for the Virginia Commercial Driver's License Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was your third-party examiner number: <input style="width: 150px;" type="text"/></p> <p>2. Are you employed by a school board? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you certified as a school bus training instructor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Within the past three years:</p> <ul style="list-style-type: none"> • Do you have more than six demerit points or are you on probation under the Virginia Driver Improvement Program? <input type="checkbox"/> Yes <input type="checkbox"/> No • Has your privilege to drive been disqualified, suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No • Have you been convicted of a moving violation in any type of vehicle? If yes, list offense(s) and date(s) of conviction(s) on back of this application. <input type="checkbox"/> Yes <input type="checkbox"/> No <p>4. Have you obtained a national criminal record report? If yes, please attach. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

CURRENT EMPLOYER RECOMMENDATION	
I hereby recommend this employee for certification as a Virginia Commercial Driver's License third-party examiner	
EMPLOYER/COMPANY REPRESENTATIVE NAME	TITLE
EMPLOYER/COMPANY REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)

CERTIFICATION	
I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement on this form is a criminal violation.	
APPLICANT SIGNATURE	DATE (mm/dd/yyyy)

DUTIES AND RESPONSIBILITIES DESCRIPTION

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CLASSES & TYPES OF COMMERCIAL VEHICLES

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OFFENSE & DATE OF CONVICTION LISTING

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