

CLASS A DRIVER TRAINING SCHOOL TWO-YEAR THIRD-PARTY TESTER EXAMINER CERTIFICATION APPLICATION

Pur	pos	e:	

Use this form to apply for certification to conduct the skills test component of the CDL examination for students enrolled in a Class A Driver Training School.

Instructions: Return this completed application with all additional required documents to the DMV Driver Training Work Center at PO Box 27412, Richmond, VA 23269-0001. All submitted application packages that include a prior version of the application, incomplete applications, or have missing required documents will be returned.

		APPLICATION TYPE		
APPLICATION TYPE:	ORIGINAL FIRST-TIME APPLICATION	RENEWAL	TWO-YEAR FEE:	\$100.00
CLASS A DTS TPT NAM	1E			

	APP		NFORMATION			
FULL LEGAL NAME (last)		(first)			(mi)	(suffix)
HOME ADDRESS	CITY		STATE	ZIP CODE	BUSINESS TELE	EPHONE NUMBER
	0			2 00022		
EXAMINER WORK EMAIL ADDRESS (cannot be	the same as business or ar	other person)			DMV CUSTOME	RNUMBER
EXAMINER NUMBER (N/A - Original)			DTS CLASS-A INSTRUCTO	OR NUMBER (N/A)	
Driving Related Questions:						
 Do you have more than six demerit p 	oints?					Yes No
 Has your privilege to drive been disquisit 	— Has your privilege to drive been disqualified, suspended, or revoked?					Yes No
 In the last three years, have you been 	n convicted of a moving	violation in a	ny type of vehicle? (if yes	, provide list of	offenses and dates)	Yes No
			MMERCIAL MOTOR			
Check box(es) for classes and types of			-			
Class Types	Air Brakes		Endorsement(s)		Transmiss	
Class A Class B Class C	Yes No	Sch	ool Bus Passenger	N/A	Automatic	Manual
		CERTIFI	CATION			
I certify and affirm that all information preser	nted in this form is true a	nd correct, th	at any documents I have	presented to D	MV are genuine, and	d that the
information included in all supporting docum			this certification and affir	rmation under p	enalty of perjury and	I understand that
knowingly making a false statement on this f						
APPLICANT NAME (print)		APPLICANT SIGNATURE		DATE (mm	DATE (mm/dd/yyyy)	
DRIVER TRAINING SCHOOL REPRESENTATIVE NAME (print)		RIVER TRAINING SCHOOL REPRESENTATIVE SIGNATURE DATE		RE DATE (mm	ı/dd/yyyy)	

DMV USE ONLY		
DMV STAMP	VERIFICATION OF:	
	COMPLETE APPLICATION INCLUDING SIGNATURES	
	S100 FEE	
	NATIONAL CRIMINAL BACKGROUND CHECK	