

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES
BUREAU OF MOTORIST COMPLIANCE

**APPLICATION FOR AUTHORITY TO CONDUCT
THIRD PARTY DRIVER LICENSE TESTING**

This application is to be used for seeking approval to conduct Third Party Driver License Testing. Individuals, associations, corporations or partnerships are eligible in accordance with the provisions of Section 322.56, Florida Statutes.

This form and all required documentation must be submitted to:

Department of Highway Safety and Motor Vehicles
Attn: Ken Zimmerman, Personal and Confidential
2900 Apalachee Parkway, Room A201, MS 88
Tallahassee, Florida 32399-0570

This application must be complete with all required documents attached prior to submission to this office.

Any modifications to the business name, owner or business model requires submission of a new application.

An application for testing authorization is valid for three (3) years. A new application with supporting documents is required to request a renewal.

Please indicate which service(s) the business is applying for:

Class E General Knowledge (Road Rules and Road Signs)

Proctored (classroom)

Online (internet)

Class E Driving Skills

High School Driver Education

1. GENERAL INFORMATION

*** ALL FIELDS MUST BE COMPLETED ***

Name of Business: _____

Business Address: _____

Phone: _____ Fax: _____

Email Address: _____

Contract Manager: _____ Phone: _____

Contract Manager's E-mail Address: _____

2. OWNER/OPERATOR

List the name(s), addresses and positions of the individual owner, general partner in the case of a partnership or corporate officer(s). (Continue on a separate page and attach if necessary.) **Any change in ownership requires submission of a new application.**

3. BUSINESS MODEL SUMMARY

a. Describe **in detail** how the business plans to deliver driver license testing services: (Continue on a separate page and attach if necessary.) **Any change in business model requires submission of a new application.**

Class E Knowledge Tests: _____

Class E Driving Skills Test: _____

- b. If administering driving skills tests and using fleet vehicles enter the vehicle information (continue on a separate sheet, if necessary). **Attach a current Certificate of Insurance for each vehicle listed.**

Make	Model	Year	VIN

NOTE: Whenever motor vehicles are replaced or added, notify the Department and forward a valid certificate of insurance for new vehicle registration.

4. **SUPPLEMENTARY INFORMATION**

- a. Every owner, general partner in the case of a partnership, corporate officer, test proctor or administrator affiliated with the contractor’s third party driver license testing service shall have a finger-print based background check performed at a Live Scan provider, the cost of which shall be borne by the applicant. Any person convicted of any drug or DUI related offense in the past five years, any felony, the commission of fraud, or a crime directly related to the personal safety of a student, is not allowed to conduct third party driver license testing services and will be disqualified as a holder of a license or acting as a tester or employee.
- b. List the Driver License number for each owner, general partner in the case of a partnership, corporate officer, test proctor or administrator affiliated with the contractor’s third party driver license testing service. (Continue on separate sheet if necessary)

DL#: _____ State: _____
DL#: _____ State: _____
DL#: _____ State: _____
DL#: _____ State: _____
DL#: _____ State: _____

The information supplied above is true and complete. I understand that any fraudulent or misinformation supplied or information withheld by me will result in cancellation of the contract between this Third Party Administrator and the department.

(Signature in Full)

(Title)

(Date of Application)

ATTACH THE FOLLOWING TO THIS APPLICATION:

1. A current copy of the Certificate of Fictitious Name or Certificate of Incorporation, from the Department of State as specified in Section VI of the Third Party Administrator Contract.
2. The Certificate of Commercial General Liability Insurance as described in Section XIII of the Third Party Administrator Contract. For Third Party Administrators of driving skills, the insurance certificate must include a description of the motor vehicles utilized in the administration of the driving skills exam. The certificate must also state that thirty (30) days notice will be given to the Bureau of Motorist Compliance, Department of Highway Safety and Motor Vehicles in the event of cancellation of the policy.
3. A copy of the receipt of a finger-print based background check on every owner, general partner in the case of a partnership, corporate officer, test proctor or administrator affiliated with the contractor's third party driver license testing service. **Do Not send a fingerprint card with your application.** The background check must have been performed within 90 days of the date of this application.
4. The Performance Bond as required in Section XII of the Third Party Administrator Contract.
5. A completed Third Party Administrator Contract with original signatures of the Contractor.
6. Hold Harmless Clause on company letterhead signed and dated by a Company Executive Officer.