



STATE OF FLORIDA
 Department of Highway Safety and Motor Vehicles
 Division of Motorist Services

Application for Certification - CDL Third Party Tester

Please Print or Type

Applicant Name _____ Date of Birth _____
 As Appears on Driver License _____ Month, Day, Year

Applicant Address _____
 Street/PO Box _____ City _____ County _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____

Driver License Number _____ State _____

Social Security Number _____

Are you currently certified as a Third Party Tester with another company? Yes () No ()

If yes: Company _____ Tester ID # _____

I certify under the penalty of perjury that the following facts are true and accurate to the best of my knowledge, information and belief.

1. I am employed by the certified Third Party Administrator named below, or will be employed by that Third Party Administrator as a prior and necessary condition of being authorized by the Department of Highway Safety and Motor Vehicles (DHSMV) to conduct commercial driver license tests.
2. I am at least 21 years of age.
3. I have not been convicted of any criminal offense bearing on my ability to fill a position of trust as a driver license Third Party Tester, including but not limited to the crimes of fraud, sexual offense, and/or moral turpitude at any time, and other felonies or first degree misdemeanors within the past ten years. My signature below indicates my consent to the investigation and release of information in support of this statement to authorized DHSMV personnel from law enforcement agencies and other individuals or organizations. I understand that the Department will make a criminal history information request for this purpose. Each Third Party Tester applicant must undergo a federal level fingerprint based background check prior to submission of a Third Party Tester contract. I understand I am responsible for all fees associated with the background check.
4. I hold a valid commercial driver license.
5. I am not a current employee of the Department of Highway Safety & Motor Vehicles or of a county tax collector licensing agent.

Signature _____ Date _____
 Third Party Tester Applicant

Third Party Administrator _____ Contract Number _____
 Print Company Name

Signature _____ Date _____
 Authorized Agent of the Third Party Administrator

For Department Use Only

Assigned to monitor: _____

Application approved by:
 Name _____
 Title _____
 Signature _____
 Date _____

Criminal History Check () Driving Record Check ()