



Division of Motorist Services
Bureau of Commercial Vehicle and Driver Services

CDL Third Party Tester Application

For Department Use Only

Assigned to monitor: _____

Application approved by:

Name: _____

Title: _____

Signature: _____

Date: _____

Criminal History Check () Driving Record Check ()

Please Print or Type

Applicant Name: _____

Applicant Address: _____

Home Phone: _____ Business Phone: _____

License 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: _____
Third Party Tester Applicant

Date: _____

Third Party Administrator: _____
Print Company Name

Contract No.: _____

Signature: _____
Authorized Agent of the Third Party Administrator

Date: _____