

STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES
BUREAU OF COMMERCIAL VEHICLE & DRIVER SERVICES

THIRD PARTY ADMINISTRATOR APPLICATION

General Information

Name of Business: _____

Physical Address: _____

Phone: _____ Fax: _____

Email Address: _____

Contract Manager: _____

Contract Manger's Phone Number: _____

Contract Manager's Email Address: _____

The criteria listed below must be satisfied prior to submitting your Third Party Administrator contract.

- **Location.** Must provide proof of ownership of the facility, or present a current binding lease of the facility with a minimum one year term.
- **Insurance.** Secure and maintain Commercial Automobile Liability insurance, Commercial General Liability insurance and Workers Compensation Insurance if required under Florida law.
- **Performance Bond.** Secure and maintain a performance bond.
- **Staffing.** Employ at least one certified commercial driver license Third Party Tester.
- **Program Oversight.** Describe in detail how the organization plans to implement and maintain a system of oversight and supervision to ensure the integrity of the Third Party Testing Program.