

Division of Motorist Services

Bureau of Commercial Vehicle and Driver Services

CDL Third Party Administrator Application

For Department Use Only	
Assigned to monitor:	
Application approved by:	
Name:	
Title:	
Signature:	
Date:	
Criminal History Checks ()	Driving Record Checks ()

Application	Criminal History Checks () Driving Record Checks ()
Please Print or Type	
Business Name:	
Physical Address:	
Phone:	Fax:
Email Address:	
Contract Manager:	
Contract Manager Phone Number:	
Email Address:	
The criteria listed below must be satisfice contract:	ed prior to submitting your Third Party Administrator
 Location. Must provide proof of ow facility with a minimum one year ter 	rnership of the facility or present a current binding lease of the rm.
 Insurance. Secure and maintain Co Compensation Insurance as require 	ommercial Automobile Liability insurance and Workers ed under Florida law.
Performance Bond. Secure and ma	aintain a performance bond.
Staffing. Employ at least one certification.	ed commercial driver license Third Party Tester.
	etail how the organization plans to implement and maintain a n to ensure the integrity of the Third Party Testing Program.
agent who has or will have access System (CSTIMS) or the Paperless background check performed by a	arty Administrator, Responsible Party, and any employee or to the Commercial Skills Test Information Management & Waiver System (PWS), must submit to a fingerprint-based "Live Scan" Provider with results provided to the Department ground check must be performed within 90 days prior to the
Printed Name	Title
 Signature	 Date