

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: Bureau of Motorist Compliance
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
 - Proctored (classroom)
 - Online (internet)
- Class E Driving Skills

1. **GENERAL INFORMATION**

*** ALL FIELDS MUST BE COMPLETED ***

Name of Business: _____

Physical 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. Attach and describe **in detail** how the business plans to deliver driver license testing services. **Any change in business model requires submission of a new application.**

- 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 any new or replacement vehicles.

4. **SUPPLEMENTARY INFORMATION**

- a. The Third Party Administrator, each examiner, employee, agent, corporate officer, partner, and owner must submit to a fingerprint-based background check performed by a “Live Scan” Provider with results provided to the Department at the time of the application. The Department will notify the Third Party Administrator of any disqualifying background check with denial of application.
1. Each new employee hired by the Third Party Administrator, each new corporate officer, partner or owner must submit to a fingerprint-based background check performed by a “Live Scan” Provider before commencing employment or association with the Third Party Administrator.
 2. The Third Party Administrator must notify the Department’s Contract Manager in writing of hiring of employees, or the addition or replacement of corporate officers, partners or owners and provide the Department the results of such background checks within 30 days of employment.
- 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 administrator’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 Agreement 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 Agreement.
2. The Certificate of Commercial General Liability Insurance as described in Section II of the Third Party Administrator Agreement. 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. The results of fingerprint-based background checks performed on all required employees. The background check must have been performed within 90 days of the date of this Application.
4. The Performance Bond as required in Section II of the Third Party Administrator Agreement.
5. A completed Third Party Administrator Agreement with original signatures of the Contractor.
6. Hold Harmless Clause on company letterhead signed and dated by a Corporate Officer.