

THIRD-PARTY TESTER EXAMINER CERTIFICATION APPLICATION

Purpose: Third-Party Testers use this form to apply for certification to conduct the skills test component of the CDL examination.

Instructions: Answer all questions. Write "N/A" if questions are not applicable. An incomplete form will not be processed.

APPLICANT INFORMATION			
NAME (last)	(first)	(mi)	(suffix) DATE (mm/dd/yyyy)
HOME STREET ADDRESS			
CITY	STATE	ZIP CODE	HOME TELEPHONE NUMBER ()

EMPLOYMENT INFORMATION			
Give a description of duties and responsibilities.			
WORK LOCATION ADDRESS			VA CDL NUMBER
CITY	STATE	ZIP CODE	WORK TELEPHONE NUMBER ()
EMPLOYER MAIN OFFICE ADDRESS (if different from above)		NUMBER OF YEARS WITH CURRENT EMPLOYER	
PREVIOUS EMPLOYER NAME			EMPLOYER TELEPHONE NUMBER ()
ADDRESS	CITY	STATE	ZIP CODE
List classes and types of commercial motor vehicles for which you want to be certified to conduct the skills tests.			

1. Have you ever been a third-party examiner for the Virginia Commercial Driver's License Program? Yes No
- a. If yes, what was your third-party examiner number: _____
2. Are you employed by a school board? Yes No
- a. If yes, are you certified as a school bus training instructor? _____
3. Within the past three years:
- a. has your privilege to drive been disqualified, suspended or revoked? Yes No
- b. have you been convicted of a moving violation in any type of vehicle? Yes No If yes, list offense(s) and date(s) of conviction(s) on back of this application.
- c. do you have more than six demerit points or are you on probation under the Virginia Driver Improvement Program?
 Yes No

APPLICANT CERTIFICATION

I certify that all information in this application is true and correct

APPLICANT SIGNATURE

DATE (mm/dd/yyyy)

EMPLOYER RECOMMENDATION

I hereby recommend this employee for certification as a Virginia Commercial Driver's License third-party examiner

EMPLOYER/COMPANY REPRESENTATIVE NAME

TITLE

EMPLOYER/COMPANY REPRESENTATIVE SIGNATURE

DATE (mm/dd/yyyy)