

THIRD-PARTY TESTER CERTIFICATION OF SKILLS TEST ROUTE

Purpose: Use this form to record the test route that will be used to administer the final CDL Road Skills Examination. All test routes must be approved by the department prior to use.

THIRD-PARTY TESTER INFORMATION

COMPANY NAME	CONTACT PERSON	TELEPHONE NUMBER
STREET ADDRESS		
CITY	STATE	ZIP CODE

ROAD SKILLS TEST INFORMATION

<input type="checkbox"/> PRIMARY TEST ROUTE SUBMISSION	<input type="checkbox"/> SECONDARY TEST ROUTE SUBMISSION
Test Routes - be sure to submit a map of <u>each route</u>	
TEST ROUTE STARTING POINT ADDRESS	MILES IN TEST ROUTE
ADDRESS OF PRE-TRIP INSPECTION (if different from starting point address)	
ADDRESS OF BASIC SKILLS CONTROL (if different from starting point address)	
IMPORTANT INFORMATION: Enter Road Skills Test Step-By-Step Directions on Pages 2 and 3.	

CERTIFICATION

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I further certify the skills test route(s) to be in compliance with all regulations and requirements of the Virginia Commercial Driver's Program for training and certification. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

THIRD-PARTY TESTER REPRESENTATIVE NAME (print)	THIRD-PARTY TESTER REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)
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DMV USE ONLY

<input type="checkbox"/> Primary Test Route <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Secondary Test Route <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Note: If primary or secondary test route is denied, please provide explanation in the comment area.	
COMMENTS	

DMV CERTIFICATION

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I further certify the skills test route(s) to be in compliance with all regulations and requirements of the Virginia Commercial Driver's Program for training and certification. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

DMV REPRESENTATIVE NAME (print)	DMV REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)
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Company Name: _____

Step-By-Step Directions - Check "Yes" or "No" to indicate if maneuver is graded.	Maneuver Graded?
●	<input type="checkbox"/> Yes <input type="checkbox"/> No
●	<input type="checkbox"/> Yes <input type="checkbox"/> No
●	<input type="checkbox"/> Yes <input type="checkbox"/> No
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●	<input type="checkbox"/> Yes <input type="checkbox"/> No
●	<input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name:

Page _____ Of _____

Step-By-Step Directions - Check "Yes" or "No" to indicate if maneuver is graded.	Maneuver Graded?
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