



Virginia Department of Motor Vehicles
 Post Office Box 27412
 Richmond, Virginia 23269-0001
 www.dmv.virginia.gov

CLASS A DRIVER TRAINING SCHOOL TWO-YEAR THIRD-PARTY TESTER EXAMINER CERTIFICATION APPLICATION

- Purpose:** Use this form to apply for certification to conduct the skills test component of the CDL examination for students enrolled in a Class A Driver Training School.
- Instructions:** Return this completed application with all additional required documents to the DMV Driver Training Work Center at PO Box 27412, Richmond, VA 23269-0001. All submitted application packages that include a prior version of the application, incomplete applications, or have missing required documents will be returned.
- Note:** Application/license fees are nonrefundable.

APPLICATION TYPE	
APPLICATION TYPE: <input type="checkbox"/> ORIGINAL FIRST-TIME APPLICATION <input type="checkbox"/> RENEWAL	TWO-YEAR FEE: \$75.00
CLASS A DTS TPT NAME	

APPLICANT INFORMATION			
FULL LEGAL NAME (last)	(first)	(mi)	(suffix)
HOME ADDRESS	CITY	STATE	ZIP CODE
EXAMINER WORK EMAIL ADDRESS (cannot be the same as business or another person)			BUSINESS TELEPHONE NUMBER
EXAMINER NUMBER (<input type="checkbox"/> N/A - Original)		DTS CLASS-A INSTRUCTOR NUMBER (<input type="checkbox"/> N/A)	

Driving Related Questions:

— Do you have more than six demerit points?..... Yes No

— Has your privilege to drive been disqualified, suspended, or revoked?..... Yes No

— In the last three years, have you been convicted of a moving violation in any type of vehicle? (if yes, provide list of offenses and dates) .. Yes No

CLASSES AND TYPES OF COMMERCIAL MOTOR VEHICLES			
Check box(es) for classes and types of commercial motor vehicles for which you want to be certified to conduct skills tests.			
Class Types	Air Brakes	Endorsement(s)	Transmission Type
<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> School Bus <input type="checkbox"/> Passenger <input type="checkbox"/> N/A	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual

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 make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement on this form is a criminal violation.		
APPLICANT NAME (print)	APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
DRIVER TRAINING SCHOOL REPRESENTATIVE NAME (print)	DRIVER TRAINING SCHOOL REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)

DMV USE ONLY	
DMV STAMP	VERIFICATION OF: <input type="checkbox"/> COMPLETE APPLICATION INCLUDING SIGNATURES <input type="checkbox"/> \$75 FEE <input type="checkbox"/> NATIONAL CRIMINAL BACKGROUND CHECK