

CERTIFIED THIRD PARTY EXAMINERS (only list currently certified Examiners)

Examiner's Name (as it appears on the license)	DMV Examiner's Code	Driver License Number	Class Types			Endorsements		Air Brakes	
			A	B	C	P	S	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PAYMENT INFORMATION (check box and initial)

_____ (initial) I understand that I will receive an invoice from the DMV for the number of Tablets ordered. Once full payment is received, DMV will place an order for the Tablet(s).
 (Refer to your RoadTest Tablet Agreement for details about other applicable monthly fees).

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 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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