



# TEXAS CDL THIRD PARTY SKILLS TESTING PROVIDER APPLICATION

FOR DEPARTMENT USE ONLY

ASSIGNED # \_\_\_\_\_

EXPIRATION: \_\_\_\_\_

Information provided assists the Texas Department of Public Safety in evaluating your qualifications to participate as an active, Commercial Driver License (CDL) Third Party Testing School and/or Employer. All information provided will be verified. The Department reserves the right to require additional information and/or records checks, should the Department determine it has probable cause or deems it necessary at any time during participation in the program.

Complete the entire application (please type or print in ink) as indicated and sign.

**Incomplete information may delay your application.**

## CDL THIRD PARTY SKILLS TESTING APPLICANT QUALIFICATION INFORMATION

To serve as a CDL Third Party Skills Testing Provider in Texas' CDL Third Party Skills Testing Program, the following qualifications will be verified during the application process:

1. Have been in continual operation immediately preceding the date of the application AND maintained one permanent regularly occupied structure located in the state of Texas with an address recognized by the U.S. Postal Service for at least 365 days.
2. Not owe any outstanding fees to the Texas Comptroller of Public Accounts.
3. Own or lease one Class A or B Commercial Motor Vehicle with a current vehicle inspection and registration.
4. Have a valid and operational Company publically listed phone number.
5. Have a basic control skills pad that meets Departmental requirements.
6. Have a skills test route that meets Departmental requirements.
7. Conduct at least 10 full CDL skills tests per calendar year. A full skills test consists of the vehicle inspection, basic controls, and the road test.

**Note:** *These qualifications are based upon current state and federal requirements and are subject to change.*

## CDL SKILLS TESTING PROVIDER APPLICANT INFORMATION

Name of Provider (School/Company)

Physical Address

Mailing Address (If Different)

Number of Years in Business	Number of estimated CDL skills tests to be administered per year	TAX ID
-----------------------------	------------------------------------------------------------------	--------

Email Address

Designated Responsible Person (Please attach Texas CDL Third Party Designated Responsible Person Application.)

Expiration Date of Business License (attach copy)	Phone Number	Hours of Operation
---------------------------------------------------	--------------	--------------------

## PHYSICAL ADDRESS(ES) WHERE CDL EXAMS WILL BE ADMINISTERED


**CHECKLIST (Items that must be submitted with the application)**

1. \_\_\_\_ Proof of surety bond in the applicant's name in the amount of \$25,000 for EACH examiner employed.
2. \_\_\_\_ Maintain at least the minimum amount of insurance coverage required under Texas Transportation Code §601.072 and provide evidence of meeting this requirement to the Department. The insurance company must be authorized to conduct business in Texas.

**Note:** Failure to provide adequate information may delay the processing of your application.

**Disclosure**

Providers cannot administer CDL Third Party Skills Testing exams until they have been issued a CDL Third Party Skills Testing Provider certificate issued by the Texas Department of Public Safety.

**Certification**

*My signature below certifies that I am the authorized representative for this organization, and that I affirm and attest that the information provided herein is true, correct, and/or not misleading. I fully understand that false information may cause this application to be delayed, denied, cancelled or revoked. While providing services under the CDL Third Party Skills Testing Program, this organization agrees to adhere to the policies and procedures as provided, and that all CDL skills exams conducted by this organization will be administered in accordance to the **CDL Third Party Skills Testing Agreement, the CDL Examiners Manual and all applicable State and Federal regulations.***

Authorized Representative's Signature:

Date:

Sworn to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**For Department Use Only**

\_\_\_\_ Approved

\_\_\_\_ Denied

Notes:

Authorized Representative's Signature:

Date: