



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 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 CDL skills tests per calendar year.

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	Email Address
TAX ID		Phone Number
Designated Responsible Person (Please attach Texas CDL Third Party Designated Responsible Person Application.)		
Expiration Date of Business License (attach copy)		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. _____ Proof of General Business Liability Insurance or surety bond with minimum coverage of at least \$1,000,000.00.
3. _____ Proof of bodily injury and property damage liability insurance coverage or surety bond on vehicles utilized for testing with the minimum coverage of at least \$1,000,000.00.

***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 **Memorandum of Understanding, 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: