

**Application for
THIRD-PARTY CERTIFICATION
PROGRAM LICENSE
(Please Print or Typewrite)**

NAME OF THIRD-PARTY CERTIFICATION ENTITY

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

BUSINESS HOURS

COMPLETE THIS SECTION IF YOU ARE OFFERING CDL DRIVE TESTS.

Number of CDL classified vehicles in which you intend to certify:

Class A _____ Class B _____ Class C _____ Passenger Endorsement _____

Total # of Vehicles _____ School Bus _____

COMPLETE THIS SECTION IF YOU ARE OFFERING NON-CDL DRIVE TESTS.

Number of non-CDL classified vehicles in which you intend to certify:

Class A _____ Class B _____ Class C _____ Class M _____

Total # of Vehicles _____ School Bus _____

Number of employees: Full Time _____ Part Time _____

Does your facility meet all state and local health and safety laws? Yes _____ No _____

Have you submitted for approval a prescribed drive test course (route) for this location: Yes _____ No _____

If you are not using the state drive test course (route), have you submitted a drive test for approval?

Yes _____ No _____

Under penalty of perjury, I (We) swear and affirm that I (we) have read the foregoing application, are familiar with all its contents, and believe that all answers contained therein are true in substance and in fact.

Signature	Title	Date
Signature	Title	Date

To knowingly make a false statement or conceal a material fact in this application is a criminal offense and will result in the denial of a third-party certification program license.

****PLEASE NOTE THAT THIS APPLICATION IS FOR YOUR MAIN THIRD-PARTY CERTIFICATION PROGRAM LICENSE. IF YOU PLAN TO CONDUCT DRIVE TESTS FROM OTHER SITES, A BRANCH APPLICATION AND A PRESCRIBED DRIVE TEST COURSE (ROUTE) MUST BE SUBMITTED FOR EACH LOCATION.**

