|  |  |  |
| --- | --- | --- |
| **THIRD PARTY TESTING COMPANY APPLICATION**Wisconsin Department of TransportationMV3547 8/2016 s. 343.16 Wis. Stats | Wisconsin DOT, CDL UnitP.O. Box 7920Madison, WI 53707-7920 |  |

|  |  |
| --- | --- |
| Application Date      | Application Type *(If application type is* ***Change*** *please specify reason)*[ ]  Original [ ]  Reinstatement [ ]  Renewal [ ]  Change:        |
| Company Name *(If assigned, exactly as it appears on certificate)*      | 3rd Party Testing Company Number      |
| Corporate or Firm Name *(If other than name listed above)*      |
| WI Address      | City      | Zip      | County      |
| Company Type *(If company type is* ***Other*** *please specify)*[ ]  Sole Proprietorship [ ]  Partnership [ ]  Association [ ]  Corporation [ ]  Public School[ ]  Government Agency [ ]  Other:        | FEIN Number

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | – |  |  |  |  |  |  |  |
| 1 | 2 |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

 |
| Testing Company Representative      | Title of Representative      |
| E-mail for Representative      | (Area Code) Telephone Number for Representative      |
| CDL Classification to be tested[ ]  A [ ]  B [ ]  C | CDL Endorsements *(If applicable)*[ ]  Passenger Bus [ ]  School Bus [ ]  Tanker | Will your Company Own, Rent/Lease Vehicles used by |
| Applicants during Road Tests? |  |
| Applicants to be Tested: [ ]  Applicants Affiliated with Firm Only [ ]  Any Applicant |
| **List all of the Third Party Examiners that you Currently Employ:** *(Please attach additional paper if necessary)* |
| Third Party Examiner # | Third Party Examiner’s Full Name | Approved(DOT Use Only) |
|       |       | [ ]  |
|       |       | [ ]  |
|       |       | [ ]  |
|       |       | [ ]  |
|       |       | [ ]  |
| **List Approved Routes and Starting Point Locations:** *(Please attach additional paper if necessary)* |
| Approved Route # | Address of Starting Point | City | Zip | Approved(DOT Use Only) |
|       |       |       |       | [ ]  |
|       |       |       |       | [ ]  |
|       |       |       |       | [ ]  |
|       |       |       |       | [ ]  |
|       |       |       |       | [ ]  |

**I certify that the information given above is true and correct.**

**X**

(Testing Company Representative) (Date)

|  |
| --- |
| ***For WisDOT Use Only*** |
| Fee Amount Received      | [ ]  Approved [ ]  Denied | Reason for Denial      |
| **X** (WisDOT Representative) (Date Approved/Denied) |