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| **THIRD PARTY EXAMINER APPLICATION**  Wisconsin Department of Transportation  MV3548 8/2016 s.343.16 Wis. Stats. | Wisconsin DOT, CDL Unit  P.O. Box 7920  Madison, WI 53707-7920 | MV3548.eps |

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| Application Date | Application Type  Original  Renewal  Reinstatement  Change *(see below)*  If application type is **Change** please specify reason for change:  Change in Company  Change in Class  Change in Endorsement  Other: | | | | |
| Applicant Name | | | Date of Birth | | Examiner # *(If assigned)* |
| Applicant Address | | | Cell Telephone Number | | |
| City, State, Zip Code | | | Work Telephone Number | | |
| Driver License Number   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  | – |  |  |  |  | – |  |  |  |  | – |  |  | | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 | 8 |  | 9 | 10 | 11 | 12 |  | 13 | 14 | | | | E-mail Address | | |
| Current Driver License Classes and Endorsements | | | CDL Classes and Endorsements to be Tested | | |
| **Classes**  A  B  C  D | | **Endorsements**  P  S  N (Tanker) | **Classes**  A  B  C  D | **Endorsements**  P  S  N (Tanker) | |

List all Third Party Testing Company Name, Testing Number, City and County you will be testing in

1. Testing #       Company Name       City       County

List all Route Numbers you will be conducting tests on for this company

2. Testing #       Company Name       City       County

List all Route Numbers you will be conducting tests on for this company

3. Testing #       Company Name       City       County

List all Route Numbers you will be conducting tests on for this company

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| **Yes** | **No** | For questions numbered 3, 4, 6 and 7, in the past four (4) years from application date: | | | |
|  |  | 1. | Do you have at least 2 years of CDL experience operating a vehicle, representative by a class of commercial motor vehicle you will use in conducting CDL skills tests? | | |
|  |  | 2. | Do you meet the physical standards regarding limbs, vision and hearing referenced in Trans. 115.05(1)(h)1, 2 and 3? | | |
|  |  | 3. | Have you been convicted of operating while intoxicated? If yes, list date(s): *(Month/Year)* | | |
|  |  | 4. | Have you had any license cancelled, suspended, revoked or disqualified for a traffic offense other than a parking violation? If yes, please indicate: | | |
|  |  | 5. | Are any criminal charges pending against you? If yes, list all charge(s) and date(s) of arrest: | | |
|  |  | 6. | Have you been convicted of a crime involving fraudulent activities? If yes, list month/year, location and charge: | | |
|  |  | 7. | Have you been convicted of a felony? If yes, list all conviction(s), date(s) and locations(s) of conviction(s): | | |
|  |  | 8. | Are you employed by a CDL private/public driver training school? If yes, please give school name, address and your role with the company: | | |
| I certify that the information given above is true and correct. I recommend this applicant for certification as a Third Party Examiner. | | | | I certify that the information given above is true and correct. |
| **X** | | | | **X** |
| (Third Party Testing Company Representative – Signature) (Date) | | | | (Examiner Applicant – Signature) (Date) |

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| ***For WisDOT Use Only*** | | | |
| ***For Original Applications Only*** | | Fee Amount Received: | Approved  Denied |
| Training Completion Date: | Training  Location: |
| **X** |
| (WisDOT Representative) (Date Approved/Denied) |