# THIRD PARTY EXAMINER APPLICATION

Wisconsin Department of Transportation
MV3548 11/2026 s.343.16 Wis. Stats.

Wisconsin DOT, CDL Unit
P.O. Box 7920
Madison, WI 53707-7920

| Application Date | Application Type ☐ Original ☐ Renewal ☐ Reinstatement ☐ Change *(see below)*<br>If application type is **Change** please specify reason for change:<br>☐ 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<br>____ – ____ – ____ | E-mail Address | |

| Current Driver License Classes and Endorsements | | CDL Classes and Endorsements to be Tested | |
|---|---|---|---|
| **Classes** | **Endorsements** | **Classes** | **Endorsements** |
| ☐ A ☐ B ☐ C | ☐ P ☐ S ☐ N (Tanker) | ☐ A ☐ B ☐ C | ☐ 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 _____

| 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** _____ (Third Party Testing Company Representative – Signature) (Date) | **X** _____ (Examiner Applicant – Signature) (Date) |

***For WisDOT Use Only***

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