



Department of Public Safety Driver License Division



THIRD-PARTY NEW TESTER CERTIFICATION APPLICATION CHECKLIST

Third-party testers are essential to the Commercial Driver License (CDL) Program for the State of Utah. Tester companies sponsor individual Examiners (employees) to conduct and administer CDL Skills Tests in accordance with 49 CFR 383.75 and Admin Rule R708.21. To apply for the program, applicants must submit the application packet to the Utah Driver License Division CDL Section. Once the application is approved, all new examiners will be placed on a wait-list for the Certification Course through Salt Lake Community College. Certification Courses are currently available twice a year.

Applications for the Third-Party Program are required to enter into an agreement with the State of Utah, to read and comply with 49 CFR 383.75, 49 CFR 384.228, Utah State Code 53-3-407, and Administrative Rule R708.21

Qualification Requirements

- ☐ Valid Commercial Driver's License with Class and/or Endorsement(s) you intend to administer tests for
- ☐ Maintain a CDL with no suspensions, revocations, cancellations, or disqualifications within one year prior to application
- ☐ Have at least three (3) years of valid driving experience
- ☐ Have the physical strength and agility to stand, crouch, and walk for extended periods of time, unassisted
- ☐ Have the physical strength and agility to physically enter and exit commercial vehicles (CMVs) unassisted
- ☐ Read and understand [49 CFR 383.75](#)
- ☐ Read and understand Utah State Code [53-3-407](#) and [53-3-407.1](#)
- ☐ Read and understand Administrative Rule [R708-21](#)
- ☐ Pass a Criminal Background Check per [49 CFR 384.228\(h\)](#) & Admin Rule [R708-21](#)

Application Forms & Requirements

- ☐ Tester Application
- ☐ Designated Representative Application - *one application per company*
- ☐ Examiner Application - *one per examiner*
- ☐ Completed Signature Card - *one per examiner*
- ☐ Utah Business License - *not required for government entities*
 - *Two consecutive years of business license history in Utah, with the most current license in the district of testing*

- *EIN letters from the IRS, Entity Registration from the State, or professional licenses are not acceptable.*
- ☐ Surety Bond - *not required for government entities*
 - *Surety Bond must state the Department of Public Safety (DPS) DLD as the obligee.*
 - *Bond amount may change due to the number of tests conducted throughout an audit year. Contact a Program Coordinator with any questions.*
- ☐ Satellite Map/Image of Testing Site
 - *If the land being used is not owned by the applying testing company, a Land Use Agreement is required.*
- ☐ Utah Consent to Background Check - *required for Designated Representative and all Examiner(s)*
- ☐ Fingerprint Card for FBI Background check - *required for Designated Representative and Examiner(s)*
 - *Background results with disqualifying convictions may be deemed eligible for approval after disqualifying items have been expunged from a record.*
 - *Fees for obtaining Fingerprint Cards are not fingerprint processing fees.*

Application forms and required documents must be filled out completely, and fees must be paid prior to the application being processed.

Fingerprint Card(s) may be obtained at BCI or your local police department. Additional fees may apply. Do NOT have BCI run your background check or submit a previously completed background check to the division. The CDL Section must process the background check. Outside background checks will not be accepted.

Application Fees

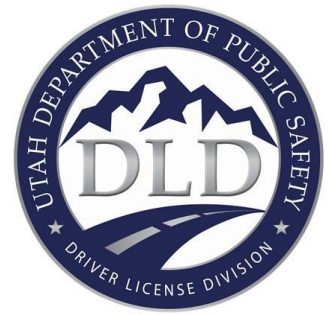
- ☐ \$100 Original Tester Application
- ☐ \$30 Original Examiner Application
- ☐ \$32 Background Check processing fee

Receipt of payment is not a guarantee of certification and is required for application to the Third-Party Program. Fees are non-refundable. Please contact the Driver License Division, CDL Section, for any questions or concerns.

Checks are made payable to the Department of Public Safety (DPS). Card payments can be taken at any Driver License office, or over the phone with Customer Service at 801-965-4735 or 888-353-4224. Payments, forms, and fingerprint cards may also be mailed to the CDL Section, PO Box 144501, Salt Lake City, UT 84114-4501



Department of Public
Safety
Driver License Division
APPLICATION FOR THIRD-PARTY TESTER (NEW)



Tester Company Name*

Address* _____ City _____ Zip _____
Mailing Address _____

Business License* – Must have two (2) consecutive years (*Not required for Government Entities*)

Issued Date & Expiration _____ Issued Date & Expiration _____
Total Years in Business _____

Surety Bond* – Minimum of \$25,000 (*Not required for Government Entities*)

Issue Date _____ Expiration _____ Amount _____

Designated Representative*

Name _____ License Number _____
Phone Number _____ Email _____

What is the physical address of the location where you will be storing your Third-Party records? *

Company Requirements

List EACH site name and address where your company will perform the Vehicle Inspection and Basic Control Skills portion of the Modernized Skills Test. * **You MUST include a map of each location and indicate on the map where the test portions will be performed.**

- _____
- _____
- _____

- _____
- _____
- _____

Land Use Agreements must be provided annually for any site location not owned by the Tester Company

List all route names your company wishes to use for the Road Test Portion of the Modernized Skills Test.* **You MUST include a current narrative for each route that is in line with the standards outlined in Section 6 of the CDL Examiner Manual.**

• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____

Examiner Requirements

List the Third-Party Examiners you wish to use for testing under your company's name.* **You MUST include a NEW Examiner Application for each person.**

Examiner _____	License # _____
Examiner _____	License # _____
Examiner _____	License # _____
Examiner _____	License # _____
Examiner _____	License # _____
Examiner _____	License # _____

All items below are required.

- Have you obtained a surety bond in an amount specified for the department for the retesting of drivers if the third-party tester or examiner is involved in fraudulent activities related to conducting skills testing?
Exception: A government entity is not required to maintain a surety bond.
☐ YES ☐ NO
- Have you submitted a site map & route narrative for each location you intend to administer the skills test?
☐ YES ☐ NO
- Have you read 49 CFR 383.75 & Administrative Rule R708-21 and understand the requirements to maintain a Third-Party Tester Certification and the role of Designated Representative?
☐ YES ☐ NO
- Has your company ever been certified as a CDL Third-Party Tester?
☐ YES ☐ NO
If yes: Company Name _____ Number _____
*Was your company ever placed on probationary/disciplinary status? ☐ YES ☐ NO

If yes, Explain: _____

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that my company is responsible for all of the commercial driving tests administered by the examiners provided in this application and agree to oversee and require each examiner to test in accordance with Federal, State, and Administrative guidelines. I understand that any false information knowingly recorded in this document will result in the application being denied and may result in the disqualification of the Third-Party Testing Certification.

Designated Representative Signature

Date

Printed Name



Department of Public Safety Driver License Division



APPLICATION FOR CDL THIRD-PARTY

DESIGNATED REPRESENTATIVE

Designated Representative Information– All items **REQUIRED**

Full Legal Name _____
Address _____ City _____ Zip _____
Mailing Address _____
Driver License Number _____ Email Address _____
Primary Phone Number _____

All items below are required. Please initial each item.

1. _____ I have never been convicted of fraud and can pass a background check as required by 53-3-407.1 UCA & CFR 384.228
2. _____ I understand that I must notify the Division, in writing, of any changes to a Third-Party Examiner's driving status or address within the timeframe outlined in R708-21-6.
3. _____ I understand that I will be required to keep hard copies of all CDL Skills Test Scoring Sheets and personal data on the score sheet in a secure location with access limited to authorized personnel, as outlined in R708-21-6.
4. _____ I understand that I am the main liaison between the company listed above and the Driver License Division.
5. _____ I understand that I am responsible for the Third-Party Examiners under the company listed above and must maintain personnel files for all Third-Party Examiners assigned to the company, including warnings, certificates, training, etc.
6. _____ I have read Administrative Rule R708-21 and understand the required standards and procedures for Third-Party Designated Representative.

I certify the above information to be true and accurate and agree to comply with Federal Regulations, State Codes, and Administrative Rules. I understand that any false information knowingly recorded on this form may result in removal from the program.

Designated Representative Signature

Date

Printed Name



Department of Public Safety Driver License Division

APPLICATION FOR CDL THIRD-PARTY EXAMINER (NEW)



Examiner Information

Full Legal Name _____

Address _____ City _____ Zip _____

Mailing Address _____

Primary Phone Number _____ Secondary Phone _____

Driver License Number _____ Email Address _____

Name of Third-Party Tester (Company) _____

Full name of Designated Representative _____

All items below are required.

1. I have at least three (3) years of driving experience.
☐ YES ☐ NO
2. Do you have a valid CDL in the Class, and/or endorsements, you intend to administer tests for?
Class _____ Endorsements _____
3. How long have you had your CDL?

4. Have you ever, in your lifetime, been convicted of a Serious or Disqualifying violation as described in U.C.A. 53-3-414 and 49 CFR 383.15?
☐ YES ☐ NO
5. Have you had any suspensions, revocations, cancellations, or disqualifications on your driving privilege within one (1) year prior to this application?
☐ YES ☐ NO
If yes, explain: _____
6. Do you have the physical strength & agility to administer skills tests unassisted?
☐ YES ☐ NO
7. Have you read Administrative Rule R708-21 and understand the required standards & procedures for Third-Party Examiners?
☐ YES ☐ NO

8. Are you a current employee of the State of Utah or another local government?

☐ YES ☐ NO

If yes, explain: _____

9. Have you ever been certified as a CDL Third-Party Examiner?

☐ YES ☐ NO

If yes, Company Name _____

Examiner Number _____

Has your certification ever been placed on probationary or disciplinary action?

☐ YES ☐ NO

If yes, explain: _____

Reason for leaving, if applicable: _____

I agree to attend all required training, virtual and in-person, and if any training is not completed, I understand that my application will be denied and re-application to the Third-Party Testing Program may be applicable, including any/all fees paid and resubmission of application documents. All fees, including fees for certification courses, must be paid prior to gaining access to training materials and courses. If all fees are not paid prior to the training course start date, my application will be denied. I also understand that any training or refresher courses required by the State of Utah are mandatory, and failure to attend will result in the deactivation of my certification.

I certify the above information to be true and accurate and agree to comply with Federal Regulations, State Codes, and Administrative Rules. I understand that any false information knowingly recorded on this form may result in the disqualification of my Third-Party Examiner Certification.

Examiner Signature

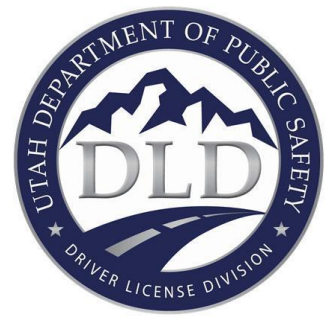
Date

Printed Name



Department of Public Safety Driver License Division

SIGNATURE CARD



Third-Party Tester _____

Examiner Full Name _____

Address _____ City _____ Zip _____

Mailing Address _____

**SKILLS TEST SHALL BE CONDUCTED IN ADHERENCE WITH 49 CFR 383 AND IN
COMPLIANCE WITH STATE LAWS.**

**THIS SIGNATURE CARD WILL BE USED TO VERIFY THE AUTHENTICITY OF
SUBMITTED DOCUMENTS OF DRIVER COMPETENCY**

Examiner Signature _____ Date _____

Designated Representative Signature _____ Date _____

**THE ABOVE EXAMINER IS NO LONGER A THIRD PARTY TESTING EXAMINER FOR
THE ABOVE LISTED THIRD PARTY TESTING COMPANY**

Designated Representative Signature _____ Date _____



Department of Public Safety Driver License Division

LAND USE AUTHORIZATION



The land used for the purpose of Driver Skills Testing by any Third-Party Tester shall require written permission from the respective landlord or land owner on this form and submitted to the Utah CDL Third-Party Program Coordinators for approval prior to driver skills testing.

This Certification confirms that

Land Owner Name

Grants permission for

Third-Party Testing Company

To use the property at

Full Property Address

For the purpose of administering the CDL Driver Skills Tests. Unlimited access to the testing area will also be granted to the State of Utah CDL Compliance Section & Federal Auditors for inspection at any time.

Land Owner/Representative Full Legal Name (Print)

Phone Number

Land Owner/Representative Signature

Date

☐	TURN
	☐ 1st Left ☐ 1st Right ☐ 2nd Left ☐ 2nd Right ☐ 3rd Left ☐ 3rd Right ☐ 4th Left ☐ 4th Right
	Direction: Include turns at traffic lights, stop signs, and uncontrolled intersections. The turns should range from easy to somewhat difficult for commercial vehicles. You should try to get a mixtures of types of intersections so that they vary in complexity. Try to include turns that have multiple approach lanes and a single approach lane turning onto a street with multiple lanes. Try to include 4 lane intersections to determine good visual search.
☐	INTERSECTIONS
	☐ Stop ☐ Through ☐ Stop ☐ Through
	Direction: Should be 4 ways of traffic. Need at least one intersection at a stop sign to ensure that at least one Stop is graded on route. Need at least one Through street (not a stop light/controlled intersection) to ensure that at least one Through is graded on route. These intersections cannot be designated in the Urban section. The intersections should not be included in the urban section.
☐	LANE CHANGES
	☐ Left ☐ Right ☐ Left ☐ Right
	Direction: 2 sets of lane changes. Each set will include one lane change to the left and one to the right. Can be conducted during any portion of the test. Lane changes need to be additional to regular lane changes on the route for scoring criteria. Should have one set designated in Urban driving and one set designated in Expressway driving. Locations should be suitable for conducting lane changes and allow enough time to complete safely.
☐	CURVES
	☐ Left ☐ Right
	Direction: Shouldn't grade one right after the other due to scoring. On/Off Ramps should not be used as there are not multiple lanes of traffic and they are not maintaining a good speed throughout the curve. Should have painted lines. Choose curve that are tight enough to produce noticeable off-tracking on the tractor trailer.
☐	URBAN
	☐ Start ☐ End
	Direction: 2 mile straight stretch of road with busier traffic. Multiple lanes to make lane changes. Section needs intersections that are not Graded Intersections (same scoring criteria). Contain through-intersections and road intersections with lights. section where lane changes can be made. The section should be one that lets you see how applicant handles in a typical business area.
☐	RAILROAD CROSSING
	Direction: Enough sight distance for drivers to do train checks. TRAX rail cannot be assigned as Graded RXR. Tracks cannot be in the middle of an intersection or turn. Simulated activity is a last resort only. Please use unregulated crossings whenever possible.
☐	EXPRESSWAY or Limited Access Roadway (Freeway or Rural Highway)
	Direction: 2 mile section of speeds exceeding 45 mph; multiple lanes to make lane changes. Freeway should be used that has conventional on and off ramps . If Rural Highway road is the only option, the turn onto the rural road is graded as the merge on and the turn off the rural road is graded as the merge off. Section with two or four lanes. Provides higher speed.
☐	ROADSIDE STOP
	Direction: Should be at a curb in a section where "No Parking" signs are not displayed. Can't be done in a bike lane that is not designated for parked vehicles. The section of the road selected for this maneuver must allow the driver to pull the vehicle safely over and stop out of the normal flow of traffic. Must be in a location where commercial vehicles can safely exit and enter the roadway.
☐	SIGNS
	☐ 1st Sign ☐ 2nd Sign
	Direction: Low Clearance, weight restriction, advisory traffic signs. This task requires the driver to observe vehicle height and or weight restrictions or other signs pertaining to commercial motor vehicles. A variety of situations could be used with Overpasses and bridges being good candidates. If you cannot find overpasses and bridges that have posted limits, look for ones that are not posted. Signs specifically for commercial vehicles are preferred over other traffic signs.
☐	STUDENT DISCHARGE
	Direction: Needs to be in a low traffic area. Find a lightly traveled street or road that contains a landmark which you can point out to the driver as the location to discharge school students. Simulated activity is a last resort only.
☐	THINGS TO AVOID
	Roundabouts: Generally too small for commercial vehicles to maneuver safely. Running over a curb or not staying in lane is potentially an automatic failure.
	Residential areas
	Tight turns: Look at sidewalks and if there are tire marks, the turn is not appropriate for CMV.
	Construction: Lanes may have been narrowed to accommodate the construction zones which can be difficult for novice drivers.
	"No Trucks": Be aware of where CMV's are allowed in your area and do not create your route that includes roads where CMV's are prohibited.
☐	I drove this route before turning it in to be evaluated by a Program coordinator
	This route is appropriate and legal for CMV's. There are no "No Trucks" signs prohibiting large CMV's. It is not in a residential area. Avoids roundabouts whenever possible. Turns can be made in a CMV without running over curbs. I may have used google maps in the creation of this route, but I have actually driven this route in a CMV.



Department of Public Safety Driver License Division

UTAH CONSENT TO BACKGROUND CHECK



Full Legal Name _____ Date of Birth _____
Address _____ City _____ Zip _____
Mailing Address _____

I, _____, understand that my personal information including name, DOB, SSN, and fingerprints will be used for the purpose of conducting a criminal history records search through any applicable state and federal databases. This information will be used by the Utah Department of Public Safety, Driver License Division, CDL Section, to determine my eligibility for acceptance into the Third-Party Testing Program. My personal information and fingerprints may be retained for ongoing monitoring and comparison against future submissions to the state, regional, or federal database and latent fingerprint inquiries. The Utah Department of Public Safety, Driver License Division, CDL Section will establish procedures to ensure removal of my fingerprints from applicable state and federal databases when I am no longer under their purview as required by Utah Administrative Rule 708.21 and UCA § 53-10-108. I understand that I may request to review any results of this inquiry and understand that UCA § 53-10-108 allows the Utah Department of Public Safety Driver License Division to provide a copy of those results to me. I understand that any results provided to me can only be used for the purpose of reviewing, responding to, or challenging the accuracy of criminal penalties under UCA § 53-10-108(12)(a). Before a determination is made, I understand that I will be afforded a reasonable amount of time to challenge the completeness and accuracy of the record through the procedures established by the Utah Department of Public Safety, Driver License Division as well as contacting the Utah Bureau of Criminal Identification (Utah Criminal History Results), the State Identification Bureau (SIB) associated with any results that are outside of Utah, or the Federal Bureau of Investigation (National Criminal History Response Information).

I have read the attached Privacy Statement and understand my rights according to this statement.

Application Signature _____ Date _____

FBI Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Challenge Procedures

State of Utah:

The Utah Bureau of Criminal Identification is not responsible for the determination of eligibility. Any challenge to eligibility must be handled by the qualifying entity.

The Utah Bureau of Criminal Identification is responsible for all arrest and conviction data for the State of Utah. BCI does not have the authority to modify any records from other state or federal databases. In the event that there is incorrect or missing Utah Criminal Data, please be prepared to provide certified copies from any arresting agency or court of appearance.

To challenge the State of Utah criminal arrests and disposition data, please complete the required application and submit it to the Utah Bureau of Criminal Identification. Instructions and applications are located at the following web address:

<https://bci.utah.gov/wp-content/uploads/sites/15/2020/04/Challenge-Application-2020-Temp.pdf>

FBI

Challenge of an Identity History Summary

<https://www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/identity-history-summary-checks>

The FBI is responsible for the storage of fingerprints and related Identity History Summary information for the nation and does not have the authority to modify any Identity History Summary information unless specifically notified to do so by the agency that owns the information. If you believe your Identity History Summary contains inaccurate or incomplete information, you have two options for requesting a change or correction:

Option 1: Contact the agency or agencies that submitted the information to the FBI. Missing or Incorrect State (Non-Federal) Information

Most states require that changes to Identity History Summary information be processed through their respective state centralized agency (State Identification Bureau) before any changes can be made to your information. You may contact the respective State Identification Bureau for assistance, and, if applicable, request that they provide the FBI with updates to your Identity History Summary. Contact information for each state is provided on the State Identification Bureau listing.

Several states maintain their own record system. Record updates are made at the state level only, so the FBI cannot change its records. Instead, the FBI accesses the state's system for authorized purposes to review the record. Contact information for states maintaining records at the state level is provided on the State-Maintained Records listing.

Missing or Incorrect Federal Information

For federal Identity History Summary updates, the FBI must receive a request directly from the original arresting agency, from a court with control over the arrest data, or from another agency with control over the arrest data.

Option 2: Send a written challenge request to the FBI.

Your written request should clearly identify the information that you feel is inaccurate or incomplete and should include copies of any available proof or supporting documentation to support your claim. For example, if your disposition information is incorrect or missing, you may submit documentation obtained from the court having control over the arrest or the office prosecuting the offense. The FBI will contact appropriate agencies in an attempt to verify or correct challenged entries for you. Upon receipt of an official communication from the agency with control over the data, the FBI will make appropriate changes and notify you of the outcome.

You may submit an Identity History Summary challenge to the FBI by writing to the following address:

FBI CJIS Division

Attention: Criminal History Analysis Team 1 1000 Custer Hollow Road

Clarksburg, WV 26306