



State of Utah
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Governor

SPENCER J. COX
Lieutenant Governor

Department of Public Safety
 Jess L. Anderson
Commissioner

Driver License Division
 Christopher Caras
Director

Department Use Only	
Date:	By:
Expiration:	

R708-21-5 APPLICATION FOR THIRD-PARTY EXAMINER

Full Legal Name of Third-party Examiner *REQUIRED*	Driver License Number *REQUIRED*
Mailing Address, of Third-party Examiner *REQUIRED*	Mailing City & Zip Code *REQUIRED*
Primary Phone number *REQUIRED*	Secondary Phone Number
Examiner Email Address *REQUIRED*	
Full Name of Designated Representative *REQUIRED*	Name of Third-party Tester *REQUIRED*
Address of Third-party Tester (Company) *REQUIRED*	City & Zip Code *REQUIRED*

All questions must be answered accurately.

Have you maintained a valid CDL? _____, *Renewal*, Do you only administer the Skills test to individuals who provide a vehicle that you have a license to operate? _____

Have you had any suspensions, revocations, cancellations or disqualifications on your driving privilege within one year prior to this application? _____

Have you had at least 3 years driving experience? _____

Do you have the physical strength & agility to administer skills tests unassisted? _____

Do you refrain from administering a Skills test to an individual whom you have participated in skills test training? _____

Renewal, Have you administered at least 10 tests within your audit year? _____

Have you read Administrative Rule R708-21 & understand the required standards & procedures for Third-party Examiners? _____

I certify the above information to be accurate and agree to test in accordance with Federal, State and Administrative guidelines. I understand that any false information knowingly recorded on this document may result in disqualification of my Third-party Examiner Certification.

Signature

Date