## **CDL Third-party Testing**

Third party testers are essential in the CDL program for the state of Utah. A tester is a company who sponsors examiners to administer the CDL driving skills test. Examiners are individual employees that work for a tester (company). To apply for the program, individuals must submit the application packet to the Division. Once the application is approved, a certificate will be sent to the individual. The certificate must be presented to Salt Lake Community College prior to being placed on the waiting list for the certification class.

Applicants for the Third-party program are required to enter into an agreement with the state, to read and comply with Federal Code 49 CFR 383.75, 49 CFR 384.228, State Code 53-3-407, State Code 53-3-407.1 and Administrative Rule R708-21

Qualifications to Apply
☐ Have a valid commercial driver license (CDL) with the classification & endorsements you intend to administer tests with.
Maintain a commercial driver license (CDL) with no suspensions, revocations, cancellations or disqualifications within one year prior to application;
Have at least three years driving experience;
☐ Have the physical strength and agility to stand, crouch and walk for long periods of time unassisted;
☐ Have the physical strength and agility to physically enter and exit commercial vehicles unassisted;
Read and Understand 49 CFR 383.75
Read and Understand Utah State Code 53-3-407 & 53-3-407.1
Read and Understand Administrative Rule R708-21
Pass a Nationwide Criminal Background Check per 384.228(h)(3) & Driver License Policy. Note: Any convictions on a criminal background check will require a letter of eligibility for expungement.
NOTE: A business license, surety bond, and testing location will be required if applying to establish a third party testing company. This application packet must be completely filled out and fees taken before the application process can begin.
Original Examiner Application
Complete the Examiner Application
Complete the Application Questionnaire
Complete the FBI Background Check Waiver
Submit a Fingerprint Card for a Criminal & FBI Background Check. Fingerprint card may be obtained at BCI or your local sheriff's office. *Additional fees apply. DO NOT have BCI run your background check, our Department will processes this.
Pay FBI Background Check Processing Fee of \$28.25. Checks may be made payable to the Department of Public Safety (DPS). Card payments can only be taken at the West Valley Drivers License, 4315 S 2700 W, 1st floor Suite 1600, Taylorsville, UT 84129
Tester (Company) Application
Complete the Tester Application
Complete the Application Questionnaire
Submit Current Business License(s). Must provide proof of established Utah business, that shows continual operation for a minimum of 2 years in the state of Utah.
Submit a Surety Bond in the Minimum Amount of \$25,000 - The bond must place the Utah Department of Public Safety,  Driver License Division as the obligee. Note: Surety Bond amount will change based off of the amount of tests a company administers, please contact the Driver License Division-CDL Department for any questions.
Submit a Google Map of the Intended Testing Site. If the company doesn't own the site, a letter granting permission to conduct CDL testing on the site must be included.
☐ Pay Tester Application Fee of \$100.00 & Pay Examiner(s) Application Fee of \$30.00 Per Examiner
Company Representative Must Submit a Fingerprint Card for a Criminal & FBI Background Check. Fingerprint card may be obtained at BCI or your local sheriff's office. *Additional fees apply. DO NOT have BCI run your background check, our Department will processes this.
Pay FBI Background Check Processing Fee of \$28.25. Checks may be made payable to the Department of Public Safety (DPS). Card payments can only be taken at the West Valley Drivers License, 4315 S 2700 W, 1st floor Suite 1600, Taylorsville, UT 84129
☐ Submit a Signature Card for Each Examiner

NOTE: Receipt of payment is not a guarantee of certification. Application fees are to apply for the program and are non-refundable. Please contact the Driver License Division, CDL Section for any questions or concerns.



Lieutenant Governor

Department of Public Safety

JESS L. ANDERSON Commissioner

**Driver License Division** 

CHRISTOPHER CARAS Director

Department Use Only	
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Date:	By:
Expiration:	

### **R708-21-4 APPLICATION TO BECOME A THIRD-PARTY TESTER**

Name of Third-party Tester *REQUIRED*	
Address, City & Zip Code of Third-party Tester *REQUIRE	D*
Mailing Address, City & Zip Code of Third-party Tester *R	EQUIRED IF DIFFERENT*
Iss: & Exp: of Business License (attach copy) *REQUIRE	D* Years in Business *REQUIRED*
Iss & Exp of Surety Bond (attach copy) *REQUIRED*	Amount of Surety Bond *REQUIRED*
Full Name of Designated Representative *REQUIRED*	Primary Phone Number *REQUIRED*
Email Address*REQUIRED*	Secondary Phone Number
Testing information: List EACH site names where your company will pe portion of the Skills Test. Must include a Google map where the test portions are performed.	•
List all approved route names your company uses test portion of the Skills test. Must include a curre with the standards outlined in the CDL Examine	ent narrative for each route, that is inline

include a new Examiner Application for each person.  Examiner name	Driver license number
All questions must be answered accurately.*  Have you obtained a surety bond in an amount specified by drivers in the event that the third party is involved in fraudus skills testing. Exception: A government entity is not required.  Have you submitted a site map & route narrative for each Skills test?	ulent activities related to conducting ed to maintain a bond location you intend to administer the
What is the street address of the location you will be storing to maintain a Third-party Testers Certification and the role Representative?	8-21; & understand the requirements
I certify the information provided in this application is knowledge. I understand that my company is response driving tests administered by the examiners names pragree to oversee and require each examiner to test in and Administrative guidelines. I understand that any frecorded on this document will result in the application disqualification of the Third-party Tester Certification.	sible for all of the commercial rovided in this application and accordance with Federal, State false information knowingly on being denied; and may result in
Signature D	Pate
Print Name	

List the Third-party Examiners you wish to use for testing, under your companies name. Must



### Department of Public Safety

JESS L. ANDERSON Commissioner

**Driver License Division** 

CHRISTOPHER CARAS Director

Department Use Only	
Date:	By:
Expiration:	

#### R708-21-5 APPLICATION TO BECOME A 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 had at least 3 years driving experience?		
Do you have a valid CDL in the Class, and/or endoin?,	orsement(s), you intend to administer tests	
How long have you had your CDL?		
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 383.51?		
Have you had any suspensions, revocations, cancellations or disqualifications on your driving privilege within one year prior to this application?		
Do you have the physical strength & agility to administer skills tests unassisted?		
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	



# **Application Questionnaire**

Are you a current employee of the State of Utah or Local Government? YES If you answered "Yes" to being a current state/local government employee, please indicate which agency/division. Is your company currently certified as a CDL Third-party Tester? YES NO If you answered "No" to the question above, has your company ever been certified as a CDL Third-party Tester? YES If you answered "Yes" to your company currently/previously being certified as a CDL Third-party Tester, please indicate the name and number established with the certification. Tester (Company) Name Tester# Have you ever been certified as a CDL Third-party Examiner? YES NO If you answered "Yes" to previously being certified as a CDL Third-party Examiner, please indicate the Company who sponsored your certification and the Examiner number established with the certification. Tester (Company) Name Examiner # If you answered "Yes" to previously being certified as a CDL Third-party Examiner, was your certification ever placed on probation/disciplinary action. YES If you answered "Yes" to previously being certified as a CDL Third-party Examiner, was your certification ever revoked. YES If you answered "Yes" to your certification ever being placed on probation/disciplinary action or revocation, what was the action for? **Reason for Leaving the Program:** I certify the above statements to be true Full Legal Name (Print) Phone Number

Date: MM/DD/YYYY

Signature

#### UTAH BUREAU OF CRIMINAL IDENTIFICATION

**INSTRUCTIONS:** 

Please read this form and sign in the place marked "Signature." Have a witness sign in the space provided.

\* \* \* W A I V E R \* \* \*

I hereby authorize the Utah Bureau of Criminal Identification to complete and release information found in any local, regional or national database files to the agency or individual listed below. I do hereby release all persons, firms, agencies, companies, groups or installations whomsoever, from any damages of, or resulting from, furnishing such information.

(Signature)	(Printed Name)
(D.4x)	(W/Annana)
(Date)	(Witness)
DPS/DLD	
(Agency)	
4315 S 2700 W 1 <sup>st</sup> FL STE 1600	
(Agency Address)	
Taylorsville, UT 84129	801-965-4437
(City, State, Zip)	(Phone)

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 regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

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. [If other agencies are involved in processing this application, they may have additional routine uses; specifically, some state agencies may share potentially pertinent information, including criminal history information between and among other employing, investigating, or otherwise responsible agencies within that state.]This statement will not be included on the FBI's Privacy Statement; however, a state that wishes to participate in the Article IV sharing, must include the information on its privacy statement to ensure the applicant is providing consent, as required by the Article IV requirements. Updated 09/09/2013



Surety

ond Number	•

a CDL Third-party Tester company
licensed by the State of Utah, Driver License Division is required to carry a Surety Bond in the minimum amount of
The bond is provided by: (Surety Bond Company Name and Address)
The Utah Department of Public Safety, Driver License Division, will serve as obligee.
The surety bond must be in continual effect until such time as the Utah Driver License Division notifies the above name bond provider of written authorization to discontinue the surety bond.
The surety bond will be used as outlined in Utah Administrative Rule R708-21 and shall:
<ul> <li>protect against liability to third persons; and</li> <li>be continuous in form and run concurrently with the license period</li> </ul>
The term of this bond is for a period commencing and
terminating provided, however, this bond may be continued from year to year by continuation certificate executed by said bond provider.
Signed, sealed and delivered this day of,,,
Principal



# Land Use Authorization

The land used for the purposes of Driver Skills Testing by any CDL Testing Unit 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 skill testing.

This Certification confirms that	
Land Owner Name (Last,First)	
grants permission for	
Third Party Testing Company	
to use the property at	
Street Address	
City, State, Zip	
for the purpose of administering the CDL Driving Skills Test. Unlin also be granted to the State of Utah CDL Compliance Section & Fedtime.	
Land Owner Representatives Full Legal Name (Print)	Phone Number
Land Owner Representatives Signature	Date: MM/DD/YYYY
This authorization expires after	
Date: MM/DD/YYYY (Maximum of 1 Year from Date	of Signature)

# SIGNATURE CARD

COMPLETE AND SUBMIT THIS CARD

NAME OF THIRD PARTY TESTER (COMPANY)	PHONE NUMBER	
PRINT EXAMINERS FULL NAME		
EXAMINERS ADDRESS	CITY	ZIP
MAILING ADDRESS IF DIFFERENT		
EXAMINER DRIVER LICENSE NUMBER  SKILLS TEST SHALL BE CONDUCTED STRICTLY IN ACCORDANCE WITH FEI CODE AND IN COMPLIANCE WITH STATE LAWS. SIGNATURE WILL BE USED CERTIFICATES OF DRIVER COMPETENCY.		
EXAMINER SIGNATURE	DATE	
THIRD PARTY TESTER REPRESENTATIVE		
	TITLE	DATE
THE ABOVE NAMED EXAMINER IS NO LONGER A THIRI	D PARTY TESTING EX	KAMINER FOR
OUR COMPANY.		