

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 Regulation 49 CFR 383.75, 49 CFR 384.228, Utah Code Ann. 53-3-407, Utah Code Ann. 53-3-407.1 and Utah Administrative Code 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 an extended period 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 Federal Regulation 49 CFR 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 fee's 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 fee's 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 Calvin Rampton Building, 4501 S 2700 W, 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 fee's 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 Calvin Rampton Building, 4501 S 2700 W, Taylorsville, UT 84129
- Submit a Signature Card for Each Examiner

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



Department of Public Safety Driver License Division

APPLICATION TO BECOME A THIRD-PARTY **TESTER**



Name of Third-party Tester (COMPANY) ***REQUIRED***

Address, City & Zip Code of Third-party Tester ***REQUIRED***

Mailing Address, City & Zip Code of Third-party Tester ***REQUIRED IF DIFFERENT***

Business License (attach copy) ***REQUIRED***

Years in Business ***REQUIRED***

ISS: _____ EXP: _____

Surety Bond (attach copy) ***REQUIRED***

Amount of Surety Bond ***REQUIRED***

ISS: _____ EXP: _____

Full Name of Designated Representative ***REQUIRED*** Primary Phone Number ***REQUIRED***

Email Address ***REQUIRED***

Secondary Phone Number

Testing Information:

List EACH site name where your company will perform the pre-trip and basic control skills portion of the Skills Test. **MUST include a google map of each location and indicate on the map where the test portions are performed. If the land is not owned by the company a land use agreement must also be provided.**

_____	_____
_____	_____
_____	_____

List all route names your company wishes to use for the road test portion of the Skills Test. **Must include a current narrative for each route that is in line with the standards outlined in the CDL Examiner Manual.**

_____	_____
_____	_____
_____	_____

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

Examiners Name	Driver License Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

All questions must be answered accurately.

1. Have you obtained a surety bond in an amount specified by the department for the retesting of drivers in the event that the third party is involved in fraudulent activities related to conducting skills testing. *Exception: A government entity is not required to maintain a bond* . _____
2. Have you submitted a site map & route narrative for each location you intend to administer the Skills test? _____
3. What is the street address of the location you will be storing your Third-party records?

4. Have you read 49 CFR 383.75 & Administrative Rule R708-21; & understand the requirements to maintain a Third-party Testers Certification and the role of a Designated Representative? _____

I certify the information provided in this application is 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 names 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 on this document will result in the application being denied; and may result in disqualification of the Third-party Tester Certification.

Designated Representative Signature

Date

Print Name



Department of Public Safety Driver License Division

APPLICATION TO BECOME A THIRD-PARTY EXAMINER



FULL LEGAL NAME of Third-party Examiner ***REQUIRED***

Driver License Number ***REQUIRED***

Mailing Address, City & Zip Code of Third-party Examiner ***REQUIRED***

Examiner Email Address ***REQUIRED***

Examiner Primary Phone Number ***REQUIRED***

Secondary Phone Number

Name of Third Party Tester (Company) ***REQUIRED***

Full Name of Designated Representative ***REQUIRED***

All questions must be answered accurately.

1. Have you had at least 3 years driving experience? _____
2. Do you have a valid CDL in the Class, and/or endorsement(s), you intend to administer tests in?

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 383.51? _____
5. Have you had any suspensions, revocations, cancellations or disqualifications on your driving privilege within one year prior to this application? _____
6. Do you have the physical strength & agility to administer skills tests unassisted? _____
7. 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.

Examiner Signature

Date

Print Name



Application Questionnaire

Are you a current employee of the State of Utah or Local Government? YES NO

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 NO

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 NO

If you answered "Yes" to previously being certified as a CDL Third-party Examiner, was your certification ever revoked. YES NO

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

Examiner Signature

Date

Print



Signature Card

Complete and submit this card

NAME OF THIRD PARTY TESTER (COMPANY)	PHONE NUMBER	
_____	_____	
PRINT EXAMINERS FULL NAME		

EXAMINERS ADDRESS	CITY	ZIP
_____	_____	_____
EXAMINERS MAILING ADDRESS IF DIFFERENT	CITY	ZIP
_____	_____	_____
<p>SKILLS TEST SHALL BE CONDUCTED STRICTLY IN ACCORDANCE WITH FEDERAL REGULATIONS 49 PART 383 OF THE CODE AND IN COMPLICANCE WITH STATE LAWS, SIGNATURE CARD WILL BE USED TO VERIFY AUTHENTICITY OF SUBMITTED DCERTIFICATES OF DRIVER COMPETENCY.</p>		
EXAMINER SIGNATURE	DATE	
_____	_____	

DESIGNATED REPRESENTATIVE SIGNATURE	DATE
_____	_____

THE ABOVE NAMED EXAMINER IS NO LONGER A THIRD PARTY TESTING EXAMINER FOR OUR COMPANY

DESIGNATED REPRESENTATIVE SIGNATURE	DATE
_____	_____



Department of Public Safety

Driver License Division

APPLICATION FOR CDL THIRD-PARTY DESIGNATED REPRESENTATIVE



Full Legal Name

Driver License Number

Mailing Address

Primary Phone Number

Secondary Phone Number

Email Address

Name of Third-Party Tester (Company)

Read and initial each statement.

I have never been convicted of fraud and can pass a background check as required by 53-3-407.1 UCA & CFR 384.228. _____

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 time frame outlined in R708-21-6. _____

I understand that I will be required to keep hard copies of all CDL score sheets and personal data on the score sheets in a secure location with access limited to authorized personnel as outlined in R708-21-6. _____

I understand that I am the main liaison between the company listed above and the Driver License Division.

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. _____

I have read administrative rule R708-21 and understand the required standards and procedures for a third-party designated representative. _____

I certify the above information to be 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

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)
_____ (Date)	_____ (Witness)
DPS/DLD	
_____ (Agency)	
4315 S 2700 W 1 st 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



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. 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 (MM/DD/YYYY)

This Authorization Expires after

Date (MM/DD/YYYY) (maximum of 1 Year from Date of Signature)



Bond 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:

- protect against liability to third persons; and
- be continuous in form and run concurrently with the license period

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

Surety