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| **THIRD PARTY TESTING COMPANY APPLICATION**  Wisconsin Department of Transportation  MV3547 8/2016 s. 343.16 Wis. Stats | Wisconsin DOT, CDL Unit  P.O. Box 7920  Madison, WI 53707-7920 |  |

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| Application Date | | | Application Type *(If application type is* ***Change*** *please specify reason)*  Original  Reinstatement  Renewal  Change: | | | | | | | | | | | | | |
| Company Name *(If assigned, exactly as it appears on certificate)* | | | | | | | | | | 3rd Party Testing Company Number | | | | | | |
| Corporate or Firm Name *(If other than name listed above)* | | | | | | | | | | | | | | | | | | |
| WI Address | | | | | City | | | | Zip | | | | County | | | |
| Company Type *(If company type is* ***Other*** *please specify)*  Sole Proprietorship  Partnership  Association  Corporation  Public School  Government Agency  Other: | | | | | | | | | | | FEIN Number   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | – |  |  |  |  |  |  |  | | 1 | 2 |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | |
| Testing Company Representative | | | | | | | | Title of Representative | | | | | | | | | | |
| E-mail for Representative | | | | | | | | (Area Code) Telephone Number for Representative | | | | | | | | | | |
| CDL Classification to be tested  A  B  C | | | | CDL Endorsements *(If applicable)*  Passenger Bus  School Bus  Tanker | | | Will your Company Own, Rent/Lease Vehicles used by | | | | | | | | | | | |
| Applicants during Road Tests? | | | | | | |  | | | | |
| Applicants to be Tested:  Applicants Affiliated with Firm Only  Any Applicant | | | | | | | | | | | | | | | | | | |
| **List all of the Third Party Examiners that you Currently Employ:** *(Please attach additional paper if necessary)* | | | | | | | | | | | | | | | | | | |
| Third Party Examiner # | Third Party Examiner’s Full Name | | | | | | | | | | | | | | Approved  (DOT Use Only) | | |
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| **List Approved Routes and Starting Point Locations:** *(Please attach additional paper if necessary)* | | | | | | | | | | | | | | | | | | |
| Approved Route # | | Address of Starting Point | | | | City | | | | | | Zip | | | | Approved  (DOT Use Only) | | |
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**I certify that the information given above is true and correct.**

**X**

(Testing Company Representative) (Date)

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| ***For WisDOT Use Only*** | | |
| Fee Amount Received | Approved  Denied | Reason for Denial |
| **X**  (WisDOT Representative) (Date Approved/Denied) | |