**CDL THIRD PARTY TESTING FORMS REQUEST**

Wisconsin Department of Transportation

MV3661 9/2019 Ch. 343 Wis. Stats.

**INSTRUCTIONS**

If you need forms from **Transportation Distribution**, complete sections **A** and **B**; email scanned form to [materials-mgt.dbm@dot.wi.gov](mailto:materials-mgt.dbm@dot.wi.gov) OR fax to (608) 246-5632.

**SECTION A – Items to request from Transportation Distribution**

Please indicate the quantity of the following forms you need for CDL Third Party Testing.

**Quantity *Limit of 50 or less of each form***

      MV3543 CDL Skills Test Score Sheet

      MV3556 CDL Skills Test Tracking Summary

      BFS TP1 CDL Skills Test Guide

**SECTION B – Shipping**

Third Party Tester Information

|  |  |
| --- | --- |
| (Area Code) Telephone Number | (Area Code) FAX Number |
| Contact Name, Company or Department, Street Address, City, State, ZIP Code | |
|  | |
| Check if this is a residential address. | |