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| **THIRD PARTY EXAMINER APPLICATION**Wisconsin Department of TransportationMV3548 8/2016 s.343.16 Wis. Stats. | Wisconsin DOT, CDL UnitP.O. Box 7920Madison, WI 53707-7920 | MV3548.eps |

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| Application Date      | Application Type [ ]  Original [ ]  Renewal [ ]  Reinstatement [ ]  Change *(see below)*If application type is **Change** please specify reason for change:[ ]  Change in Company [ ]  Change in Class [ ]  Change in Endorsement [ ]  Other:       |
| Applicant Name      | Date of Birth      | Examiner # *(If assigned)*      |
| Applicant Address      | Cell Telephone Number      |
| City, State, Zip Code      | Work Telephone Number      |
| Driver License Number

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| 1 | 2 | 3 | 4 |  | 5 | 6 | 7 | 8 |  | 9 | 10 | 11 | 12 |  | 13 | 14 |

 | E-mail Address      |
| Current Driver License Classes and Endorsements | CDL Classes and Endorsements to be Tested |
| **Classes**[ ]  A [ ]  B [ ]  C [ ]  D | **Endorsements**[ ]  P [ ]  S [ ]  N (Tanker) | **Classes**[ ]  A [ ]  B [ ]  C [ ]  D | **Endorsements**[ ]  P [ ]  S [ ]  N (Tanker) |

List all Third Party Testing Company Name, Testing Number, City and County you will be testing in

1. Testing #       Company Name       City       County

 List all Route Numbers you will be conducting tests on for this company

2. Testing #       Company Name       City       County

 List all Route Numbers you will be conducting tests on for this company

3. Testing #       Company Name       City       County

 List all Route Numbers you will be conducting tests on for this company

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| **Yes** | **No** | For questions numbered 3, 4, 6 and 7, in the past four (4) years from application date: |
| [ ]  | [ ]  | 1. | Do you have at least 2 years of CDL experience operating a vehicle, representative by a class of commercial motor vehicle you will use in conducting CDL skills tests? |
| [ ]  | [ ]  | 2. | Do you meet the physical standards regarding limbs, vision and hearing referenced in Trans. 115.05(1)(h)1, 2 and 3? |
| [ ]  | [ ]  | 3. | Have you been convicted of operating while intoxicated? If yes, list date(s): *(Month/Year)*      |
| [ ]  | [ ]  | 4. | Have you had any license cancelled, suspended, revoked or disqualified for a traffic offense other than a parking violation? If yes, please indicate:       |
| [ ]  | [ ]  | 5. | Are any criminal charges pending against you? If yes, list all charge(s) and date(s) of arrest:      |
| [ ]  | [ ]  | 6. | Have you been convicted of a crime involving fraudulent activities? If yes, list month/year, location and charge:      |
| [ ]  | [ ]  | 7. | Have you been convicted of a felony? If yes, list all conviction(s), date(s) and locations(s) of conviction(s):      |
| [ ]  | [ ]  | 8. | Are you employed by a CDL private/public driver training school? If yes, please give school name, address and your role with the company:       |
| I certify that the information given above is true and correct. I recommend this applicant for certification as a Third Party Examiner. | I certify that the information given above is true and correct. |
| **X** | **X** |
|  (Third Party Testing Company Representative – Signature) (Date) |  (Examiner Applicant – Signature) (Date) |

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| ***For WisDOT Use Only*** |
| ***For Original Applications Only*** | Fee Amount Received:      | [ ]  Approved [ ]  Denied |
| Training Completion Date:      | Training Location:      |
| **X** |
|  (WisDOT Representative) (Date Approved/Denied) |