

THIRD-PARTY NON-COMMERCIAL DRIVER'S LICENSE SKILLS TESTING PROGRAM BUSINESS PARTNER APPLICATION

INCOMPLETE APPLICATIONS WILL BE RETURNED

ALLOW 90 DAYS FOR PROCESSING

Type or Print Legibly

SECTION 1 – TYPE OF APPLICATION

Please select the applicable box as a New Applicant or a current Third-Party Non-Commercial Driver's License (Non-CDL) Skills Testing Program Tester:

New Applicant **Existing Tester – Business Partner**

SECTION 2 – SITE LOCATION

Name & address of the nearest Driver License Center (DLC) to your proposed location:

Number of driving miles between the nearest DLC and your proposed location: _____

Name & address of the nearest Third-Party Tester (TPT) site to your proposed location:

Number of driving miles between the nearest TPT and your proposed location: _____

SECTION 3 – COMPANY INFORMATION

Please select the appropriate box if the company is a **Public Entity** or a **Private Entity**.

Federal ID Number (EIN) _____ SAP Vendor Number _____

Company Legal Name _____

Doing Business As (DBA) _____

Entity Type: **Corporation** **Sole Proprietorship** **Partnership**

Limited Partnership **Limited Liability Company** **Other** _____

Address _____

City _____ County _____ State _____ Zip _____

Company Phone Number _____ Alternate Phone Number _____

Company Email Address _____ Business Fax Number _____

Please select the appropriate box if this location is **Owned** or **Leased**.

SECTION 4 – PRIMARY POINTS OF CONTACTS

Manager/Designated Programmatic Contact Person

Name _____ Position/Title _____

Address _____

City _____ County _____ State _____ Zip _____

Date of Birth _____ Driver License/ID State _____ Driver License/ID Number _____

Phone Number _____ Email Address _____

Designated Contractual Contact Person

Name _____ Position/Title _____

Address _____

City _____ County _____ State _____ Zip _____

Date of Birth _____ Driver License/ID State _____ Driver License/ID Number _____

Phone Number _____ Email Address _____

(Remainder of this page is left intentionally blank.)

SECTION 5 – OWNER/PARTNER/OFFICER INFORMATION

Owner/Partner/Officer Name _____

Position/Title _____

Responsibilities within the Service _____

Address _____

City _____ County _____ State _____ Zip _____

Date of Birth _____ Driver License/ID State _____ Driver License/ID Number _____

Business Phone Number _____ Business Fax Number _____

Email Address _____

Owner/Partner/Officer Name _____

Position/Title _____

Responsibilities within the Service _____

Address _____

City _____ County _____ State _____ Zip _____

Date of Birth _____ Driver License/ID State _____ Driver License/ID Number _____

Business Phone Number _____ Business Fax Number _____

Email Address _____

Make additional copies of **SECTION 5 – OWNER/PARTNER/OFFICER INFORMATION** if there is more information to report and attach it to this application with your submission.

SECTION 6 – SUPPORT STAFF INFORMATION

Name _____ Position/Title _____

Address _____

City _____ County _____ State _____ Zip _____

Phone Number _____ Email Address _____

Date of Birth _____ Driver License/ID State _____ Driver License/ID Number _____

Responsibilities within the Service _____

Name _____ Position/Title _____

Address _____

City _____ County _____ State _____ Zip _____

Phone Number _____ Email Address _____

Date of Birth _____ Driver License/ID State _____ Driver License/ID Number _____

Responsibilities within the Service _____

Name _____ Position/Title _____

Address _____

City _____ County _____ State _____ Zip _____

Phone Number _____ Email Address _____

Date of Birth _____ Driver License/ID State _____ Driver License/ID Number _____

Responsibilities within the Service _____

Make additional copies of **SECTION 6 – SUPPORT STAFF INFORMATION** if there is more information to report and attach it to this application with your submission.

SECTION 7 – VEHICLE INFORMATION

How many vehicles are owned or leased? _____ How many vehicles will be used for testing? _____

Vehicle Description: _____

VIN: _____ Plate Number: _____

Vehicle Description: _____

VIN: _____ Plate Number: _____

Vehicle Description: _____

VIN: _____ Plate Number: _____

Vehicle Description: _____

VIN: _____ Plate Number: _____

Vehicle Description: _____

VIN: _____ Plate Number: _____

Vehicle Description: _____

VIN: _____ Plate Number: _____

Vehicle Description: _____

VIN: _____ Plate Number: _____

Make additional copies of **SECTION 7 – VEHICLE INFORMATION** if there is more information to report and attach it to this application with your submission.

SECTION 8 – QUESTIONNAIRE

Please complete the questionnaire below.

1. Has your organization maintained a presence of business in Pennsylvania for a minimum of two (2) years?

- Yes**
- No***

**Note: If your organization has not maintained a presence of business in Pennsylvania for at least two years, you do not qualify for the Third-Party Non-CDL Skills Testing Program at this time.*

2. If your entity designation is that of a school, are you accredited through the Pennsylvania Department of Education?

- Yes**
- No**
- N/A**

3. Have any owners, partners, or corporate officers filed bankruptcy within the past seven years?

- Yes**
- No**

If yes, explain. _____

4. Has any owner, manager, officer, or employee ever misrepresented misstated, or defrauded a Provider's application to provide TPT services?

- Yes**
- No**

If yes, explain. _____

5. Has any owner, manager, officer, or employee been convicted of a felony involving dishonesty or breach of trust?

- Yes**
- No**

If yes, explain. _____

6. Has any owner, manager, officer, or employee had a Third-Party Testing agreement or examiner certification terminated or revoked by the PA Department of Transportation (Department) in the past?

Yes

No

If yes, explain. _____

7. Does your business meet ADA accessibility requirements?

Yes

No

8. Does your business location meet all local zoning, land use ordinances and building codes?

Yes

No

9. Can the proposed site administer and complete a minimum of one hundred (100) Non-CDL skills tests annually?

Yes

No

10. Does the proposed site have a designated supervisor that will be available during hours of operation?

**Note: The Department shall have access to the designated supervisory staff during hours of testing.*

Yes

No

11. Will the Department have access to the designated supervisory staff during hours of testing?

Yes

No

12. Can the Applicant maintain compliance with the provisions of the PA Vehicle Code (75 Pa. C.S. 1501 et seq.) and all applicable Department regulations?

Yes

No

13. Does the proposed site have adequate parking to accommodate the anticipated volume of business?

**Note: Should local parking ordinances prohibit the TPT from meeting those requirements, a copy of those ordinances must be made part of the application.*

Yes

No

14. Does the proposed site have specified parking spaces designated for customers with disabilities?

Yes

No

15. Does the proposed site utilize an operational electronic security system that provides 24-hours, seven days a week monitoring?
- Yes**
- No**
16. Does the proposed site have a functioning alarm system which notifies the responsible law enforcement agency immediately should any unauthorized entry into the facility occur?
- Yes**
- No**
17. Does the proposed site's alarm system have a functioning cellular back-up system to ensure alarm notification occurs if telephone line service is interrupted?
- Yes**
- No**
18. Does the proposed site's alarm system have a 36-hour battery back-up system to ensure alarm notification occurs if there is an electrical power outage?
- Yes**
- No**
19. Does the proposed site's alarm system allow for assignment of unique security access codes for designated TPT employees?
- Yes**
- No**
20. Does the proposed site have a company laptop or desktop with a secure internet connection for scheduling tests?
- Yes**
- No**
21. Can the Applicant maintain with the Department a Performance Bond in the amount of \$150,000?
- Yes**
- No**
- N/A due to being a public entity.**
22. Has your organization, owners, partners or officers, previously been sanctioned by the Department for violations of 75 Pa C.S. (Vehicle Code) or Departmental regulations, Pa. Code, Title 67, since December 31, 1999?
- Yes**
- No**

23. Do any of the owners, partners, corporate officers, or any business with which they were previously affiliated have any outstanding liabilities which are due and owing to the Commonwealth of Pennsylvania or any other states or jurisdictions, including but not limited to taxes, fees, monetary penalties, or outstanding registration plates or paperwork?

Yes

No

If yes, explain. _____

24. Have any owners, partners, or corporate officers of this business ever been convicted or administratively sanctioned for violations of the Department's regulations, Title 18 of the PA Crimes Code, or Chapters 11, 13, or 23 of Title 75 of the PA Vehicle Code?

Yes

No

If yes, explain. _____

25. Have any owners, partners, or corporate officers of this business ever been convicted of a felony or misdemeanor?

Yes

No

If yes, explain. _____

26. Is the Applicant equipped with a telephone dedicated to the proposed testing site?

Yes

No

If no, explain. _____

SECTION 9 – THREE (3) REFERENCES

Include at least three (3) references from companies or agencies that have done business with the Applicant within the last three (3) years. Provide the business name, address, website and telephone number of the references, and the name, address, email address and phone number of responsible officials to contact. The Department may contact the references.

SECTION 10 – REQUIRED SITE PHOTOGRAPHS

Photos must be in color. Under the photo provide the location and what the photo is documenting for easy reference. Each site is required to provide photos for the following:

- Interior.
- Exterior.
- Main entrance and outside signage (business sign).
- Posted Business Hours.
- Interior signs including exit and emergency.
- Exterior Signs
- Existing security cameras
- Proposed facility parking area.
- Designated parking for persons with disabilities.
- Designated area for customers with adequate seating.
- Designated work area for Third-Party Tester employees.
- Proposed secure storage area must, at minimum, contain a solid door construction, secured hinges, a no windows, secured ceiling and walls, and a deadbolt lock requiring key access.
- Vehicles used for testing listed under Section 7.

SECTION 11 – ADDITIONAL DOCUMENTATION REQUIRED FOR APPLICATION

- Copy of PA Department of Education Accreditation or PA Private Licensed School Board Certification documentation if the entity is applying as a school.
- Completed a Non-CDL Third-Party Examiner Application (DL-401NCD) for every proposed Examiner.
- The Third-Party Tester’s employees shall sign the Department’s Record Information Confidentiality Policy statement.
- The Third-Party Tester’s employees shall sign a Department [Management Directive 205.34 Amended](#) - Commonwealth of Pennsylvania Information Technology Acceptable Use Policy user agreement.
- The Third-Party Tester’s employees shall sign and submit the Department’s Customer Service Policy.
- Copy of [Pennsylvania Child Abuse History Certification](#) for every Third-Party Tester employee.
- Concise description of the Applicant’s ability to meet the requirements of the Third-Party Non-CDL Skills Testing Program.

- Provide related experience and references. Include your business entity's experience in similar efforts of this type, scope, and duration. Include work done by individuals who will be assigned to this program and by your organization.
- Include a narrative describing a proposed approach to achieve the objectives of the Third-Party Non-CDL Skills Testing Program. Describe the Third-Party Testing operations (i.e. personnel structure, polices, procedures, practices, supervision, marketing fees, customer service, and customer complaints).
- A customer complaint is substantiated through investigation of the Department and the Third-Party Tester. Applicants shall provide a management plan which shall include accountability for every substantiated customer complaint. The management plan should address monitoring and compliance issues relative to the performance of the Third-Party Examiners.
- Detailed organizational chart clearly describing the chain of command from specific site staff to the Third-Party Tester Program Manager, to the Department's Third-Party Program Manager for Department approval.
- Provide a job description for each position on the organizational chart as referred to above for Department approval. Each job description will contain the following information:
 - 1) Title of the position.
 - 2) Basic job function statement.
 - 3) Title of the position to whom the employee reports.
 - 4) Job duties and responsibilities.
 - 5) Scope of authority.
 - 6) Standards of performance to include that all skills testing will be administered in accordance with test standards and instructions supplied by the Department.
- Provide a facility plan which includes the interior and exterior of the facility. It shall include a floor plan and provide in its design the physical layout of the following: designated area for customers with adequate seating, designated work area for Third-Party Tester employees, and secure storage area. *Note: If the building is not currently in existence, the Applicant must describe specifics on the building and time frames of expected completion dates.*
- Submit two (2): a Primary and Secondary Road Skills Route.
- Provide a specific and comprehensive security plan that is consistent with Section 8 Record Security and Safety of Record Information of the Third-Party Commercial Testing Program Requirements document and the Department's applicable Information Technology Policies (ITP). The security plan shall describe the method of security it intends to employ at each location for safeguarding equipment and supplies. Security plans shall maximize the security potential and minimize the security risk at each site.
- Provide written quality control procedures for posting test results.
- If Applicant wishes to advertise for Third-Party Testing Services, provide any and all advertising (television, internet, billboard, newspapers, magazines, posters, signs, websites, commercials, radio advertisements, etc.) for the Third-Party Non-CDL Testing services.

SECTION 12 – PENNSYLVANIA STATE POLICE CRIMINAL BACKGROUND CHECK

ALL Applicants, Owners, Corporate Officers, and Employees are required to provide the results received from a Pennsylvania State Police background check with their application packet. If any Owners, Corporate Officers, or Employees reside outside of Pennsylvania, a criminal background is required from that state as well. FBI and/or third-party results are not accepted. Applicants must provide criminal background checks for any new employees hired after receiving a fully executed business partner agreement with the Department. The background check must be conducted prior to initial access and on an annual basis thereafter.

Please Note: If a conviction exists, the issuing business partner must furnish the facts of the offense **AND** secure the Department’s approval **BEFORE** hiring or retaining an employee.

SECTION 13 – APPLICANT CERTIFICATION

I _____, certify that neither I, nor any of the Owners,
(Print Name of Applicant)
Managers, Officers, or Employees of _____ have
(Print Company Name)

been convicted of a crime under Title 18 of the Pennsylvania Consolidated Statutes, Annotated, or the criminal laws of the United States. Nor are any under sanction nor ever have been under sanction or investigation by the Pennsylvania Department of Transportation for violations under the Vehicle Code (75 Pa.C.S. 101 et seq.), Department regulations, nor any existing agreement with the Pennsylvania Department of Transportation.

(Signature of Applicant)

(Date Signed)

SECTION 14 – ZONING AND BUILDING CODE COMPLIANCE STATEMENT

I _____, attest that the business identified in
(Print Name of Applicant)

Section 2 of this application meets all local zoning ordinances and building codes.

(Signature of Applicant)

(Date Signed)

SECTION 15 – ACKNOWLEDGEMENTS

ALL Applicants shall acknowledge and agree to the following statements by marking **all** checkboxes:

- The Department's Third-Party Program Manager shall schedule meetings and shall select meeting locations. Most meetings take place at the Riverfront Office Center, 1101 South Front Street, Harrisburg, PA. The Third-Party Tester shall be available to come in person to meetings in Harrisburg if requested by the Department. Travel, lodging and subsistence expenses are the responsibility of the Third-Party Tester.
- An Applicant for Third-Party Tester certification shall also execute an agreement provided by the Department, in which the Applicant agrees, at a minimum, to comply with the requirements and instructions of the Department for Third-Party Testers, including audit procedures, and agrees to hold the Department harmless from liability resulting from the Third-Party Tester's administration of its Non-CDL Skills Testing Program.
- Hours of operation shall be reported to the Department's Third-Party Program Manager. Each testing location must always have at least one Third-Party Tester employee present at the testing location during the scheduled hours (posted business hours) to address customer walk-ins, phone calls, announced and unannounced auditors, etc.
- Must employ at least two (2) certified Third-Party Examiners that are not immediate family members of the Third-Party Tester. The definition of immediate family member is as follows: a spouse, domestic partner, child, stepchild, foster child, stepparent, aunt, or uncle of the owner of the Third-Party Tester or a parent, sibling or grandparent of the owner of the Third-Party Tester who lives in the same residence as the owner.
- Require that Third-Party Examiners do not administer the skills exam to an immediate family member, personal friend or acquaintance.
- Ensure that all Third-Party Examiners employed are certified by the Department as a Third-Party Examiner and comply with the requirements.
- An Examiner shall not be the same individual that provided instruction to a testing candidate. The test shall be administered by a different Certified Examiner than the one who provided the driving instruction.
- Permit the Department and/or its designee's and contractors to examine its records and audit its testing program.
- Permit the Department to conduct announced and unannounced audits at the Department's discretion.

- Ensure that if any complaints are received by the Department from Third-Party Examiners and/or drivers that Third-Party Testers shall fully cooperate with any investigation by the Department's Third-Party Program Manager or another designated Department official.
- A Third-Party Tester shall be fully accountable for the oversight and conduct of its Third-Party Examiners and shall employ only Third-Party Examiners having the same qualifications and meeting the same training standards as the Department's examiners to the extent necessary to conduct driving skills tests in accordance with the Vehicle Code (75 Pa. C.S. §1607) and the Department.
- Shall send to the Department by January 31st each year, a report showing Pennsylvania State Police background checks of personnel employed in the Third-Party Non-CDL Skills Testing Services Program have been completed.
- The Third-Party Tester shall supply to every Third-Party Examiner, Administrative Staff, and Supervisor, including back up Staff, an identification badge which shall be always worn by employees while on duty; so, to be readily identifiable by customers.
- Each Third-Party Testing site must administer and complete at minimum one hundred (100) Non-CDL skills test per year. If a Third-Party Tester fails to meet the minimum number of tests for three (3) consecutive years, the Department may permanently remove the Third-Party Tester.
- A Third-Party Tester shall conduct and maintain a written quarterly internal review of Non-CDL testing procedures and policies and an internal quarterly audit of Third-Party Examiners employed. Quarterly reviews and audits shall be sent to the Department via email.
- All Third-Party Testers must administer Non-CDL testing services on an iPad using the Driver License Testing Mobile application.
- All Third-Party Examiners shall score the customer using the mobile application at the exact time the customer is taking the test, not when they return to the office.
- A Third-Party Testers shall pre-schedule tests at least two (2) calendar days in advance. Appointments shall be entered into a scheduling system as designated by the Department.
- All Testers shall maintain compliance with Vehicle Code (75 Pa. C.S. 1501 et seq.) and all applicable PennDOT regulations.
- Under no circumstances is the Third-Party Tester or Third-Party Examiner to send the driver to the Driver License Center with the Driver's Examination Report (DL-402TPT) or any other documents relating to the test.

- No Third-Party Tester may advertise or represent themselves to be an agent or employee of the Department, nor shall any individual, partnership, association, or corporation purchase, use, or allow the use of any advertisement that might lead the public to believe they are or were an employee or representative of the Department.
- All Third-Party Testers shall maintain bodily injury and property damage liability insurance on motor vehicles used in driving tests which insures the liability of the testing program, the examiner and any person taking the test in the amounts required by the state law.
- All owners, partners, and officers read, understood, and shall comply with applicable IT standards and policies issued by the Governor's Office of Administration. These standards and policies are contained in Information Technology Policies (ITPs) and are posted at:
<http://www.oa.pa.gov/Policies/Pages/itp.aspx>
- All owners, partners, and officers read, understood, and shall comply with applicable Management Directives issued by the Governor's Office of Administration. These directives can be found at:
<http://www.oa.pa.gov/Policies/md/Pages/default.aspx>
- A Third-Party Tester shall not violate the Third-Party Non-Commercial Skills Testing Program Agreement, Department regulations, Federal regulations and the Vehicle Code. Testers shall maintain compliance with all applicable provisions of these requirements and the Third-Party Tester agreement. Violations may result in warnings or sanctions to the Third-Party Tester, up to and including termination of the agreement.

(Remainder of this page is left intentionally blank.)

SECTION 16 – CERTIFICATION

The Owner, Officer, or Authorized Signatory of the applying business shall sign this document below.

I certify, as an Owner, Officer, or Authorized Signatory, that the information provided herein is true, accurate and complete to the best of my knowledge and belief. I have read and reviewed the **Requirements Document, Application, and the Agreement.**

Company Name _____

Name & Title _____

Signature _____ Date _____

Please submit one copy of the completed **application, photographs, and all other relevant attachments** via:

Email (preferred): **RA-PDCONTRACTS3PARTYNONCDL@PA.GOV**

OR

MAIL: **PennDOT**
Bureau of Support Services
Contracts Administration Unit
1101 South Front Street, 4th Floor
Harrisburg, PA 17104