



COMMERCIAL DRIVER'S LICENSE THIRD PARTY EXAMINER APPLICATION

Third Party CDL Program • 1101 South Front Street, 3rd Floor
Harrisburg, PA 17104 • RA-pdCDLThirdPrty@pa.gov

Examiner Transfer New Examiner CSTIMS Processor

A EXAMINER INFORMATION/PROCESSOR			
NAME		EXAMINER TELEPHONE NUMBER	
HOME ADDRESS: P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.			
CITY		STATE	ZIP CODE
DRIVER'S LICENSE NUMBER		CERTIFICATE NUMBER (if renewing)	
EMAIL ADDRESS			
B EMPLOYER INFORMATION			
NAME OF EMPLOYER		TELEPHONE NUMBER	
ADDRESS			
CITY		STATE	ZIP CODE
TYPE OF BUSINESS			
AGREEMENT NUMBER			
C EMPLOYER CERTIFICATION INFORMATION			
This section must be signed by your employer or an official authorized to sign for the company.			
I recommend that the above named applicant in Section A be approved as a Third Party Examiner and/or CSTIMS Processor for the Third Party Testing Facility named in Section D.			
_____		_____	_____
<i>Name</i>		<i>Title</i>	<i>Date</i>
D TESTING INFORMATION			
ACTUAL EXAMINATION SITE ADDRESS			
CITY		STATE	ZIP CODE
EXAMINATION SITE TELEPHONE NUMBER			
WHAT CLASS OF LICENSE ARE YOU REQUESTING TO TEST? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Check all that apply			
WILL YOUR COMPANY BE TESTING EMPLOYEES ONLY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

E AFFIDAVIT FOR CERTIFICATION AS A THIRD PARTY EXAMINER/CSTIMS PROCESSOR

Please initial each statement below:

- 1. _____ I swear and affirm that I have been provided with a copy of the Department's Third Party Skills Testing Contract.
- 2. _____ I swear and affirm that I meet or exceed the qualifications for certification as a Third Party Examiner and/or CSTIMS Processor as identified in the Third Party Skills Testing Requirements.
- 3. _____ I understand and agree that failure to administer the CDL Skills test or perform CSTIMS Processor duties in accordance with the Third Party Skills Testing Requirements, the Agreement between the Third Party Tester and the Department, and applicable state and federal law and regulations relating to the CDL program shall result in my decertification or suspension of my Third Party Examiner privileges.
- 4. _____ I swear and affirm that I have not been convicted of any Felony within the last 10 years; or any conviction involuntary fraudulent activities. (CDL Examiners Only)
- 5. _____ I swear and affirm that I have not been convicted of any offense that would disqualify me from the CSTIMS Processor role. (CSTIMS Processor Only)

F SIGNATURE BLOCK

_____ *Applicant's Signature* _____ *Date*

APPLICATION INSTRUCTIONS

- 1. All applicants must complete the entire application.
- 2. Examiner/Processor must have an active E-mail Address.
- 3. An official of the company must sign this application.
- 4. Email Applications to: Manager, Third Party Testing Program at RA-pdCDLThirdPrty@pa.gov
- 5. Applicant must have two years of verifiable training experience prior to applying.
- 6. A resume must be submitted with the application.