



DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVE NE, SALEM OREGON 97314

# APPLICATION FOR THIRD-PARTY TESTER CERTIFICATE

A TESTER EMPLOYS OR EXERCISES OVERSIGHT OF THE  
EXAMINER(S) WHO ACTUALLY CONDUCTS THE TESTS

### INSTRUCTIONS:

COMPLETE **BOTH SIDES** OF THIS APPLICATION, SIGN IT AND RETURN IT TO:

ATTN: CDL POLICY UNIT  
DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVE NE  
SALEM OR 97314-4240

### FOR OFFICE USE ONLY

DENIED \_\_\_\_\_  
APPROVED \_\_\_\_\_  
CLASS \_\_\_\_\_  
PASSENGER \_\_\_\_\_  
SCHOOL BUS \_\_\_\_\_  
AIR BRAKES \_\_\_\_\_  
CERT. NO. \_\_\_\_\_  
ISSUE DATE \_\_\_\_\_  
EXPIRATION DATE \_\_\_\_\_

### APPLICATION IS BEING SUBMITTED BY (Check One):

- AN INDIVIDUAL (Complete Sections A, B, D and E)
- A COMPANY, BUSINESS, CORPORATION OR ASSOCIATION (Complete Sections A, B, D and E)
- A FEDERAL, STATE, COUNTY OR MUNICIPAL AGENCY OTHER THAN OREGON DEPARTMENT OF EDUCATION (Complete Sections A, D and E)
- OREGON DEPARTMENT OF EDUCATION (Complete Sections A and E)
- A PUBLICLY OWNED EDUCATIONAL FACILITY (Complete Section A, C, D and E)

### ▼ SECTION A ▼

NAME OF THIRD PARTY TESTER		BUSINESS TELEPHONE NUMBER ( ) ( )	FAX NUMBER ( ) ( )	E-MAIL	
STREET ADDRESS			CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)			CITY	STATE	ZIP CODE

Do you have an office or facility that is staffed during normal business hours or a business phone with answering capability that will permit you to return all business related messages no later than the following business day?

YES  NO

For what class of vehicles will you be testing (check all that apply)?

- Class A** (Combination vehicles towing trailers with gross vehicle weight ratings (GVWR) of more than 10,000 pounds and a total GCWR of more than 26,000 pounds.)
- Class B** (Single vehicles with GVWRs of more than 26,000 pounds.)
- Class C** (Single vehicles with GVWRs of 26,000 pounds or less that carry 16 or more passengers, including the driver, or hazardous materials.)
- Passenger Vehicle** (Vehicle designed to carry 16 or more passengers, including the driver.)
- School Bus**

Do you have a commercial motor vehicle available that will accommodate a driver and two passengers?

YES  NO

Who will act as your "CDL Tester Representative" as required in OAR 735-060-0030 and 735-060-0055?

Name: \_\_\_\_\_

### ▼ SECTION B ▼

Is your business in compliance with all federal, state and local laws or regulations, including all business and zoning requirements?

YES  NO

Is your business registered with the Corporate Division of the Oregon Secretary of State or a similar agency in another state?  YES  NO If "Yes," what is your registry number? \_\_\_\_\_

If your company is a motor carrier subject to U.S. DOT regulations, please enter your U.S. DOT number: \_\_\_\_\_

What is your most recent DOT safety rating?  Satisfactory  Unsatisfactory  None

Has your business, any partner in or owner, agent, officer, director or manager of the business, or shareholder who owns more than 20% of the business, had Third Party Tester or Examiner certification or a driver training school or driver training instruction certificate or equivalent involuntarily terminated, suspended or revoked in any state within the past five years?

YES  NO If "Yes," where and when? \_\_\_\_\_

**SECTION B (continued)**

Has any partner in or owner, agent, officer, director or manager of the business, or shareholder who owns more than 20% of the business been convicted of a crime involving moral turpitude, including but not limited to, homicide, assault, kidnapping, a sexual offense, robbery, child pornography, fraud, forgery, perjury and theft or of a crime punishable as a felony involving the use of a motor vehicle, or a crime punishable as a felony involving possession, manufacture or distribution of a controlled substance?

YES  NO

List the names, business addresses and phone numbers of all owners, officers, directors, managers or shareholders of your company, business, corporation or association who, directly or indirectly, supervise the individual(s) you have selected to conduct third party examinations for your organization or represent your organization (Use a separate page, if necessary):

NAME	BUSINESS ADDRESS	TELEPHONE NUMBER

Does the Tester own, lease or rent vehicles that will be used for third party drive tests?

YES  NO

Does your organization or any affiliate or employee of your organization receive compensation to provide commercial motor vehicle operator training? (A Tester may not test anyone for whom it has received compensation to train.)

YES  NO

Will you charge a fee for administration of the test or vehicle use?

YES  NO If "Yes," you must attach a schedule that details the fees charged for each service offered by the Tester and notify DMV of any subsequent changes.

If your organization will be testing the general public (non-employees), what phone number(s) and/or internet address will you use to schedule tests? \_\_\_\_\_

**▼ SECTION C ▼**

Do you have a campus located in Oregon?

YES  NO

Do you have a course of instruction designed to teach students to drive Class A, B, or C commercial motor vehicles?

YES  NO

**▼ SECTION D ▼**

Please list all cities where you will offer testing services (each drive test route must be approved by DMV before use):

\_\_\_\_\_  
\_\_\_\_\_

Do you employ a person or persons who meet or will meet examiner eligibility requirements detailed in OAR 735-060-090?

YES  NO

If "Yes," please provide the name(s). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**▼ SECTION E ▼**

I certify that the information entered on this form is true and correct to the best of my knowledge. I understand that false information may be grounds for rejection of my application and/or cancellation of my certification. I also understand that, if I am convicted of making a false statement, I can be fined or sentenced to jail or both, according to Oregon law. In addition, I certify that I have reviewed, and will comply with the provisions of Oregon Administrative Rules, Chapter 735, Division 60.

NAME OF PERSON COMPETING THIS FORM (PLEASE PRINT)	TITLE
SIGNATURE <b>X</b>	DATE