

## Application for Third Party Examiner Training Course

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

CDL Number: \_\_\_\_\_ Class: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Applicant's Cell Phone Number: \_\_\_\_\_

Please answer the following questions.

1. Does the examiner candidate have a High School Diploma or equivalent? \_\_\_\_\_.
2. Does the examiner candidate read well at a 10<sup>th</sup> Grade reading level? \_\_\_\_\_.
3. Does the examiner candidate possess ability to comprehend and retain what he/she reads? \_\_\_\_\_.
4. Does the examiner candidate possess the ability to memorize? \_\_\_\_\_.
5. Does the examiner candidate possess ability to concentrate (focus) on specific action(s) for at least 20 seconds? \_\_\_\_\_.
6. Do you believe that the examiner candidate possesses the ability to apply learned scoring criteria to observed driver behavior? \_\_\_\_\_.
7. Does the examiner candidate possess good communications skills? \_\_\_\_\_.
8. Is this person a full time employee? \_\_\_\_\_.
9. Do you believe the examiner candidate possesses the moral character necessary to conduct all CDL skills tests in a manner reflecting their seriousness, and their impact on the public safety? \_\_\_\_\_.
10. Do you believe the examiner candidate will represent your company, and the Office of Motor Vehicles in a professional and responsible manner? \_\_\_\_\_.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_.

# Louisiana Department of Public Safety and Corrections

## OFFICE OF MOTOR VEHICLES COMMERCIAL DRIVER LICENSES

Original Application

**APPLICATION FOR CERTIFIED THIRD PARTY EXAMINER STATUS (Fee \$10.00)**

1. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Examiner # \_\_\_\_\_
2. Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
3. CDL number: \_\_\_\_\_ Expiration: \_\_\_\_\_ Class \_\_\_\_\_  
Endorsements \_\_\_\_\_ Restrictions \_\_\_\_\_
4. Home Phone # \_\_\_\_\_ Personal Cell # \_\_\_\_\_
5. Employer's Name: \_\_\_\_\_ Phone # \_\_\_\_\_
6. Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
7. Are you a full time employee of the tester? \_\_\_\_\_
8. Briefly describe your job position/duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Has your driver's license been suspended, canceled, or revoked within the last 3 years? \_\_\_\_\_  
If "Yes", list the State and reason. \_\_\_\_\_
10. Do you have a High School Diploma or Equivalent? \_\_\_\_\_. Year of graduation: \_\_\_\_\_  
Name of High School: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
11. Have you ever been convicted of any fraudulent activities or felony? \_\_\_\_\_  
If so, when and what was the charge? \_\_\_\_\_  
\_\_\_\_\_

12. Are there any license suspensions/disqualifications? \_\_\_\_\_ YES \_\_\_\_\_ No

13. Have you been provided with a copy of Louisiana R.S. Title 32:408, 408.1, and 408.2, Title 55, rule 117 and 119, and do you understand these provisions of law? \_\_\_\_\_

14. Do you promise to conduct all CDL examinations in a manner reflecting their importance to society, their seriousness to the individual, and their impact of the public safety? \_\_\_\_\_

I hereby certify that the above information is true and correct.

\_\_\_\_\_  
Signature of Examiner Applicant

\_\_\_\_\_  
Date

**STATE OF LOUISIANA  
PARISH OF EAST BATON ROUGE**

**THIRD PARTY EXAMINER/AGENT AGREEMENT**

Be it known that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that I

\_\_\_\_\_, Third Party examiner/agent for \_\_\_\_\_

have reviewed the Third Party Tester Agreement entered into by my employer and the Louisiana Department of Public Safety and Corrections, Office of Motor Vehicles, and do hereby agree with the terms of said agreement, as it relates to my responsibility as a third-party examiner/agent.

\_\_\_\_\_  
Signature of Examiner Applicant

AFFIDAVIT OF THIRD PARTY EXAMINER

STATE OF LOUISIANA  
PARISH OF EAST BATON ROUGE

Be it known that I \_\_\_\_\_, CDL examiner # \_\_\_\_\_, employed by \_\_\_\_\_, a certified Third Party Tester, certify that I am thoroughly knowledgeable of all parts of the CDL Examiner’s Manual, all the standardized instructions, all the specific test scoring criteria, test score sheet, and examiner’s responsibility. All my skills testing is administered at the approved location and scored strictly according to the written standards.

My skills test scoring procedure for the in-cab air brake check is conducted in 3 parts known as the “air brake check (1-2-3)” and all 3 parts must be performed correctly for the applicant to receive scored credit. I am aware that a driver applicant’s failure to perform all of the 3 parts is an automatic failure of the vehicle pre-trip inspection test.

My Basic Controls Skills Test is described on page 4-1 in the current Essex CDL Examiner’s Manual. All the maneuvers in my BCS course meet the dimensional standards as described in the Examiner’s Manual on pages B1 – B4. The boundary lines for maneuvers in my BCS course are marked with traffic cones for clarity.

All the maneuvers described in the Road Test section in the Examiner’s Manual are included in my CDL road test route. I have prepared a road test route map and 4-column route direction sheet meeting specifications given in figure 5-1 in the Examiner’s Manual. The road test route described is followed in its entirety with every CDL driver applicant tested.

I maintain at my workplace a detailed record of every driver applicant administered a CDL skills test, whether or not the driver passed or failed the test, in accordance with paragraph 6 of the Third Party Tester Agreement entered into by my employer.

\_\_\_\_\_  
Examiner Applicant’s Signature      Date

Attested to by: \_\_\_\_\_  
Immediate Supervisor      Date



# Louisiana Department of Public Safety and Corrections



PUBLIC SAFETY SERVICES  
OFFICE OF MOTOR VEHICLES

Louisiana law (RS 15:587 – Act#455) and Federal law (384.228) requires you to submit fingerprints for a background check. Please take this letter *along with the completed, attached forms* to your local law enforcement agency or to State Police Headquarters, 7919 Independence Blvd., Baton Rouge to be fingerprinted. Two separate sets of fingerprints are required.

If you are fingerprinted at State Police Headquarters, they will charge an additional \$10.00 fee (separate money order, cashier's check, company check – with pre-printed company name, or credit card) to be fingerprinted. We have no knowledge of the fee charged by other law enforcement agencies.

When completing the authorization form, clearly print your full name as the applicant, SSN, and other requested information. The position applied for is "CDL exam administer". Do not forget to sign the form.

When completing the rapsheet disclosure, make sure to clearly print your name, SSN, and other requested information.

Any missing, illegible, or altered information will cause your application to be denied resulting in you needing to start completely over, and may include fees.

Mail the two sets of fingerprints, \$39.25 fee (money order, cashier's check, or company check with pre-printed company name, made payable to LA Department of Public Safety) and the completed, above mentioned forms to:

Office of Motor Vehicles  
Attention: CDL Consultant  
P.O. Box 64886  
Baton Rouge, LA 70896

If you have any questions, feel free to contact us.

Clifton Langlois (225) 223-1163  
Steve Franks (225) 226-8654  
State CDL Consultants

"YOU DRINK & DRIVE, YOU LOSE"

P.O. BOX 64886, BATON ROUGE, LOUISIANA 70896-4886

225-925-6146 | [www.expresslane.org](http://www.expresslane.org)

SUBMIT TO:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$13.25 FEE.

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order
Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

\*\*FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY\*\*
\*\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\*\*

\*\*\*\*PLEASE PRINT\*\*\*\*

Office of Motor Vehicles, Attn: Clifton Langlois

Clifton Langlois

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

Interoffice Mail/CDL Division, OMV-HQ

Signature of Clifton Langlois

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

Baton Rouge

LA

70806

(225) 925-4977

CITY

STATE

ZIP CODE

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

clifton.langlois@la.gov

AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- ALCOHOL BEVERAGE OUTLET
BEHAVIOR ANALYST BOARD
BOARD OF EXAMINERS (PSYCHOLOGIST)
BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH. & AUDIO)
BOARD OF NURSING HOME ADMINISTRATORS
CASA
COURT ORDER ADOPTION
CRIMINAL JUSTICE EMPLOYEE
DAYCARE / WORKING WITH CHILDREN
DENTISTRY BOARD
DEPT. OF AGRICULTURE AND FORESTRY
DEPT. HEALTH AND HOSPITALS
DEPT. OF INSURANCE - FRAUD DIVISION
DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit)
DCFS ABUSE/NEGLECT INVESTIGATION
DCFS CARETAKER
DCFS FOSTER/ADOPTIVE
DCFS PERSONNEL
DRUG AND DEVICE DISTRIBUTORS
EMPLOYERS
FIREFIGHTERS
FIRE MARSHAL
GESTATIONAL CONTRACTS
HEALTH CARE PROVIDER (Non Licensed)
JUVENILE DETENTION CENTER
LA BOARD CHIROPRACTIC EXAMINERS
LA PHYSICAL THERAPY BOARD
LA STATE BOARD SOCIAL WORK EXAMINERS
LICENSED PROFESSIONAL COUNSELORS
MEDICAL EXAMINERS
OFFICE OF FINANCIAL INSTITUTIONS
OMVC - COMMERCIAL DRIVING EXAM ADMINISTER
OMVE - EMPLOYEE ISSUING COMMERCIAL DL
OMVI - CONTRACT PROCESS INQUIRY/TRANSACTION
OMVT - AUTO TITLE COMPANY / PUBLIC TAG AGENT
PHARMACY BOARD
POST SECONDARY EDUCATION
PRACTICAL NURSING
PRIVATE ADOPTION
PRIVATE INVESTIGATORS
PRIVATE SECURITY
PUBLIC HOUSING
REGISTERED NURSING
RELIGIOUS ACTIVISTS
SCHOOL
SUPREME COURT COMMITTEE BAR ADMISSION
TAXI DRIVERS
TESS WINDOW TINT
VOLUNTEER LOUISIANA COMMISSION
WILDLIFE AND FISHERIES
WORKING WITH CHILDREN

APPLICANTS FULL NAME:
\*\*\*\*PRINT - USE INK\*\*\*\*
LAST FIRST MIDDLE
(INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANTS SIGNATURE:

APPLICANTS SOCIAL SECURITY # DATE OF BIRTH:

ID or DRIVERS LICENSE # & STATE RACE SEX

POSITION OR LICENSE APPLIED FOR

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

ATN \_\_\_\_\_

SID# \_\_\_\_\_

**APPLICANT PROCESSING – DISCLOSURE  
BUREAU OF CRIMINAL IDENTIFICATION AND  
INFORMATION**  
P.O. BOX 66614 (MAIL SLIP A-6)  
BATON ROUGE, LA 70896

Office of Motor Vehicles, Attn: CDL Consultant

AGENCY, BUSINESS OR INDIVIDUAL NAME

Interoffice Mail, CDL Division, OMV HQ

MAILING ADDRESS

Baton Rouge

LA

70806

CITY

STATE

ZIP CODE

**NOTICE:**

**PLEASE PRINT OR TYPE  
INFORMATION, EXCLUDING  
ADMINISTRATORS OR AUTHORIZED  
PERSONS SIGNATURE.**

**INCOMPLETE FORMS WILL NOT BE  
PROCESSED.**

NAME OF APPLICANT

DATE OF BIRTH

PLACE OF BIRTH  
(STATE)

RACE / SEX

WEIGHT

HEIGHT

HAIR COLOR

EYE COLOR

SOCIAL SECURITY NUMBER

**ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE  
AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.**

**DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}**

**NOTICE:** The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

**CRIMINAL HISTORY DETERMINATION**

RAPSHEET ATTACHED

RESPONSE BELOW