



Louisiana Department of Public Safety
Office of Motor Vehicles
Application for Third Party Examiner Training Course

Company Information	
Name of Company	
Address	
City/State/Zip	
Phone	

Applicant Information					
Applicant's Name					
CDL Number		Class		Restrictions	
Applicant's Cell Number					

Answer the following questions:	Yes	No
Is the employee considered a full time employee of the company?		
Does the applicant have a High School Diploma or equivalent?		
Does the applicant have the moral character necessary to conduct all CDL skills tests in a manner reflecting their seriousness, and their impact on the public safety?		
Will the applicant represent your company and the Office of Motor Vehicles in a professional and responsible manner?		

Signature of Examiner Applicant's Supervisor

Title



Louisiana Department of Public Safety
Office of Motor Vehicles
Initial Application for Certified Third Party Examiner Status

The fee for this application is \$10.00 for each examiner.

Personal Information			
Name		Date of Birth	Examiner #
Home Address		City/State/Zip	
Home Phone		Personal Cell	

Credential Information			
CDL #		Expiration	Class
Endorsements		Restrictions	

Employer Information			
Employer's Name		Phone	
Address		City/State/Zip	
Job Duties			

Answer the following questions:		Yes	No
Are you considered a full time employee of the company?			
Do you have a High School Diploma or equivalent?			
Year of Graduation:			
Name of High School:		City/State:	
Is your driver's license, currently, suspended and/or disqualified?			
Has your driver's license been suspended, cancelled, or revoked within the last three (3) years?			
If yes, list the state and reason.			
Have you ever been convicted of any fraudulent activities or a felony?			
If so, when and what was the charge?			
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?			
Do you agree to conduct all CDL examinations in a manner reflecting their importance to society, their seriousness to the individual, and their impact on public safety?			

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

Signature of Examiner Applicant

Date

Third Party Examiner/Agent Agreement

Be it known that on this _____ day of _____, 20____, that I 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. I further understand that if OMV receives information that my medical certificate qualifications have changed, OMV will act on that information.

Signature of Examiner Applicant

Memorandum for E-mail Account Requirement

Companies and their examiners are required to obtain and maintain a valid e-mail account. This email account will be used on a regular basis for important updates to the CDL program and must be checked on a regular basis. Failure to obtain, maintain, and provide the e-mail account may result in rejection of your third party tester/examiner application. Please complete the bottom portion of this form and submit it with your application.

Company Name			
Company Official		Email	
Examiner		Email	

If you have any questions, please contact a CDL Consultant:

- **Phone:** (225) 223-1163 or (225) 223-3868
- **Fax:** (225) 925-3901
- **Address:** Office of Motor Vehicles
Attn: CDL Consultants
P.O. Box 64886
Baton Rouge, LA 70896

Affidavit of Third Party Examiner

Be it known that I, _____, CDL examiner # _____, employed by _____, a certified Third Party Tester, certify that I am thoroughly knowledgeable in 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 skills test administered by me will be done at the approved location and scored strictly according to the written standards.

My skills test scoring procedure for the in-cab brake check will be performed correctly for the applicant to receive scored credit. I am aware that a driver applicant's failure to perform all of the parts of the brake check will be an automatic failure of the vehicle pre-trip inspection test.

My Basic Controls Skills (BCS) test is as described in the current CDL Examiner's Manual. All the maneuvers in my BCS course meet the dimensional standards as described in the CDL Examiner's Manual and the boundary lines for the maneuvers are marked with traffic cones for clarity.

All the maneuvers described in the Road Test section of the CDL 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 in accordance of the specifications in the CDL Examiner's Manual. The road test route described will be followed in its entirety with every CDL driver applicant and that no other route will be used unless approved in writing by OMV.

In a secured location at my workplace, I will maintain a detailed record of every driver applicant who I have administered a CDL skills test to, whether or not the driver passed or failed the test, in accordance with the Third Party Tester Agreement entered into by my employer.

Signature of Examiner Applicant

Date

Signature of Company Official

Date

NOTICE TO APPLICANTS

As an applicant for a position requiring fingerprints to be submitted to the Louisiana Bureau of Criminal Identification and Information - Louisiana Criminal Justice Systems (BCII-LCJIS), and the Federal Bureau of Investigation, your fingerprints will be submitted to these agencies to check state and FBI records ([LA RS 15:587](#)). The results of these checks will be reviewed and securely stored by the individual(s) authorized to receive these results and only be used for the purpose described.

If you believe there is a discrepancy in your background, please visit [lsp.org](#) and select ***Fingerprints and Backgrounds*** or visit [fbi.gov](#) and select ***Get a Rap Sheet***.

Once OMV receives the background check authorization form, along with your CDL Third Party Examiner application, you will be given instructions how to complete the background check process.

It is important you keep a copy of that form for the background check process.

By signing below, I acknowledge I have received and reviewed a copy of this notice and understand this copy will be attached to the CDL Third Party examiner application.

Name of applicant (print)

Signature of applicant

Date signed



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

APPLICANTS FULL NAME:

****PRINT – USE INK****** LAST FIRST MIDDLE

*INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES BELOW IF APPLICABLE:

*LAST FIRST MIDDLE

*LAST FIRST MIDDLE

APPLICANTS SOCIAL SECURITY # _____ - _____ - _____

DATE OF BIRTH: _____ / _____ / _____ RACE _____ SEX _____

DRIVERS LICENSE or ID # _____ STATE _____

POSITION or LICENSE APPLIED FOR _____

APPLICANTS SIGNATURE: _____

APPLICANTS PHONE NUMBER: _____

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.

Revised 12/9/2024