

APPLICATION FOR CDL THIRD PARTY TESTER

North Dakota Department of Transportation, Driver License

SFN 61560 (3-2022)

Applicant Name (Print or Type as Appears on Driver License)			Date of Birth (MM/DD/YYYY)	
Applicant Address (Street)		City	State	ZIP Code
Home Telephone Number	Business Telephone Number	Driver License Number		State

FBI Fingerprint Background Check Attached

2 Character References Attached

I certify that the following facts are true and accurate to the best of my knowledge.

1. I am employed by the certified Third Party Testing Program named below, or will be employed by that Third Party Testing Program as a prior and necessary condition of being authorized by the NDDOT Driver License Division to conduct commercial driver license tests.
2. I am at least 21 years of age.
3. Each Third Party Tester applicant must undergo FBI level fingerprint based background check. I understand I am responsible for all fees associated with the background check.
4. I hold a valid commercial driver license.
5. I have been a licensed driver in the United States for the past 3 years.
6. I am not a current employee of the NDDOT or an instructor in a licensed or approved driver education program.
7. I have maintained continuous, valid driving privileges for the past year.

Third Party Tester Applicant Signature	Date
Third Party Testing Program (Print Company Name)	
Authorized Agent of Third Party Testing Program (Print Name)	
Authorized Agent of the Third Party Testing Program Signature	Date

Department Use Only	
Application Approved By:	
Name	Title
Signature	Date

DOT Med Card on File

Driving Record Check