

THIRD PARTY TESTER NOTIFICATION OF SKILLS TESTING

PURPOSE: Use this form to notify the Department of Motor Vehicles (DMV) of scheduled CDL Skills Testing as required by § 46.2-341.14:8 of the Va. Code which states that all third party testers must submit a skills test schedule of commercial driver's license skills testing appointments to the Department **no later than two business days** prior to each test.

INSTRUCTION: Contact the Commercial Licensing Work Center to request authorization to use this form at dmvclu@dmv.virginia.gov. Include reason for request. Complete this form for each Examiner that will be conducting a skills test. Print or write clearly. E-mail the completed form to dmvclu@dmv.virginia.gov or fax this form to 804-367-2019 **no later than two business days prior to each test**. Notify DMV in writing at dmvclu@dmv.virginia.gov if a scheduled test is canceled or rescheduled. Maintain a copy of this form for auditing purposes.

TESTER INFORMATION				
THIRD PARTY TESTER NAME (print)	TESTER CODE	CONTACT PERSON NAME (print)	CONTACT PHONE NUMBER	EMAIL ADDRESS
EXAMINER CONDUCTING SKILLS TEST NAME (print)	EXAMINER CODE	PHONE NUMBER	EMAIL ADDRESS	

TEST INFORMATION							
Customer Name	Customer Number	Date Test Scheduled	Date of Test	Type of Test Conducted			
		mm/dd/yyyy <input type="checkbox"/> a.m. _____ <input type="checkbox"/> p.m.	mm/dd/yyyy <input type="checkbox"/> a.m. _____ <input type="checkbox"/> p.m.	CLASS TYPE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	AIR BRAKES <input type="checkbox"/> Yes <input type="checkbox"/> No	ENDORSEMENTS <input type="checkbox"/> Passenger <input type="checkbox"/> N/A <input type="checkbox"/> School Bus	TRANSMISSION <input type="checkbox"/> Automatic <input type="checkbox"/> Manual
		mm/dd/yyyy <input type="checkbox"/> a.m. _____ <input type="checkbox"/> p.m.	mm/dd/yyyy <input type="checkbox"/> a.m. _____ <input type="checkbox"/> p.m.	CLASS TYPE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	AIR BRAKES <input type="checkbox"/> Yes <input type="checkbox"/> No	ENDORSEMENTS <input type="checkbox"/> Passenger <input type="checkbox"/> N/A <input type="checkbox"/> School Bus	TRANSMISSION <input type="checkbox"/> Automatic <input type="checkbox"/> Manual
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CERTIFICATION	
By signing this document, I certify and affirm that information included this document is true and accurate.	
CONTACT PERSON SIGNATURE	DATE (mm/dd/yyyy)