TPT	500	(10/01)	(2021)	)
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	n v Now . c o m partment of Motor Vehicles Box 27412 Virginia 23269-0001	THIRD-PART CDL EXAN TABLE
Purpose:	DMV-licensed Third Pa (Tablet). The Tablets the CDL skills test dire capability for electronic RoadTest Tablet Agree	enable certified TPT ctly on the Tablet in I c upload of testing re
Instructions:	Complete and submit the Driver Training Wo	
		THIRD I
Class A	Driver Training School	

## HIRD-PARTY TESTER PROGRAM CDL EXAMINER'S ROADTEST TABLET APPLICATION

pose:	DMV-licensed Third Party Testers (TPT) must use this application to order one or more CDL Examiner Roadtest Tablets
	(Tablet). The Tablets enable certified TPT CDL Examiners to electronically mark digitized testing evaluation forms for
	the CDL skills test directly on the Tablet in lieu of using hardcopy testing evaluation forms. The Tablets also provide
	capability for electronic upload of testing results to a customer's DMV record. Refer to your TPT Agreement and
	RoadTest Tablet Agreement for the Tablet requirements for your DMV-licensed TPT.

Instructions: Complete and submit this application to the Driver Training Work Center at the above address. For questions, contact the Driver Training Work Center at 804-367-7050.

THIRD PARTY TESTER TYPE						
Class A Driver Training School	Virginia Community College					
School Board (Public School System)	Government Entity					
Private Business (employs at least 50 CDL drivers)						
	RMATION					
CONTACT PERSON						
EMAIL ADDRESS	TELEPHONE NUMBER					
COMPANY NAME	THIRD PARTY TESTER CODE					
STREET ADDRESS						
CITY	STATE ZIP CODE					
MAILING ADDRESS (if different from street address)						
СІТҮ	STATE ZIP CODE					
BILLING INFOR	RMATION					
CONTACT PERSON						
EMAIL ADDRESS	TELEPHONE NUMBER					
MAILING ADDRESS						
CITY	STATE ZIP CODE					
CDL TEST SITES (Important Information: each	h test site must have at least one Tablet)					

Site Name	Address	Number of Tablets	DMV Area (cost)			

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CERTIFIED THIRD PARTY EXAMINERS (only list currently certified Examiners)									
Examiner's Name (as it appears on the license)	DMV Examiner's Code	Driver License Number	Class Types A B C			Endorsements P S		Air Brakes Yes No	

## **PAYMENT INFORMATION** (check box and initial)

(initial) I understand that I will receive an invoice from the DMV for the number of Tablets ordered. Once full payment is received, DMV will place an order for the Tablet(s).

(Refer to your RoadTest Tablet Agreement for details about other applicable monthly fees).

## CERTIFICATION

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

THIRD-PARTY TESTER REPRESENTATIVE NAME (print)	THIRD-PARTY TESTER REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)		