

Louisiana Department of Public Safety and Corrections Public Safety Services Office of Motor Vehicles

Initial Application for Third Party Tester - Examiner

Name of Examiner					Examiner's Driver's License Number			License Number Issued			
Check the appropriate boxes for the li	cense applied fo	r									
3rd Party Examiner											
Company Name		Company License Number									
Company Address											
Evaminar Information											
Examiner Information Examiner's E-Mail Address Examiner's Date of Birth					Examiner's Contact Phone Number						
Examiner's Physical Address				I Ev	caminer's Mailing Address, if differ	ent					
Examiner 5 i nysicar Address					diffiner 5 Walling Address, it differ	Cit					
City, State, ZIP				Ci	ity, State, ZIP						
			T =			1					
Education:	High Sch	nool	College								
School Attended											
School Attended											
Answer each of the questions below truthfully: Yes $()$ No $()$											
HAVE YOU EVER BEEN ARRESTED, DETAINED, CHARGED, INDICTED OR SUMMONED TO ANSWER AND APPEAR FOR ANY											
CRIMINAL OFFENSE IN THIS STATE OR ANY OTHER STATE, EXCLUDING MINOR TRAFFIC CITATIONS?											
HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OFFENSES RELATED TO THE OPERATION OF A DRIVING COMPANY?											
HAVE YOU EVER BEEN CO	NVICTED C	OF A CRIME INVOLVING	VIOLENCE, DI	SHONE	ESTY. DECEIT. INDECEN	CY OR AN					
OFFENSE INVOLVING MO			•		, , , ,						
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME ENUMERATED IN R. S. 15:587.1(C) (THE CHILD PROTECTION ACT)?											
7-17 V-17											
HAVE YOU EVER BEEN CO	HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY OFFENSES INVOLVING CONTROLLED										
DANGEROUS SUBSTANCE(S) OR DRIVING WHILE INTOXICATED WITHIN THE LAST TEN YEARS?											
If the answer to any of the above questions is yes, list all required information below. You MUST ALSO include a certified copy of											
court disposition on all offenses and convictions. FAILURE TO INCLUDE ALL INFORMATION AND RECORDS WILL RESULT IN											
DENIAL OF YOUR APPL	ICATION.										
Offense/Conviction		Date of Offense/Co	nviction	City	, State		Dispos	ition (Attach	certified		
•		,					copy of court disposition)				
								•	•		

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Answer each of the questions below truthfully:	Yes (√)		No (√)					
ARE YOU A CITIZEN OF THE UNITED STATES OR AN ALIEN WHO IS								
LAWFULLY PRESENT IN THE UNITED STATES AND A RESIDENT OF THE STATE								
OF LOUISIANA?								
ARE YOU AT LEAST 21 YEARS OF AGE?								
DO VOLUMANT AT LEAST E VEADS DRIVING EVDERIENCES								
DO YOU HAVE AT LEAST 5 YEARS DRIVING EXPERIENCE?								
HAVE YOU EARNED AT LEAST A HIGH SCHOOL DIPLOMA OR GED?								
DO YOU CURRENTLY OWN OR HAVE YOU PREVIOUSLY OWNED A DRIVING SCHOOL								
OR THIRD PARTY TESTER COMPANY WHICH HAD A LICENSE THAT HAS BEEN								
REVOKED OR SUSPENDED FOR VIOLATION OF RULES?		Diagon list the dates th	- Comment in annualis					
If yes, please list the name of the Company		Please list the dates, th	e Company was in operation					
HAVE YOU EVER HELD A LICENSE FOR DRIVING SCHOOL INSTRUCTOR OR EXA	MINER?							
PHAVE YOU EVER BEEN A DRIVER EDUCATION INSTRUCTOR IN A								
SECONDARY COMPANY?								
IF YES, HAS THAT LICENSE EVER BEEN SUSPENDED OR REVOKED FOR								
VIOLATION OF THE RULES?								
If yes to either Examiner question, please list the name of the Company		Please list the dates, th	e Company was in operation					
I hereby certify that the statements made in this application are true and correct. I also hereby certify that I have received, read,								
understood LA Administrative Code, Title 55, Part III and will adhere to all rules and regulations contained therein.								
Signature of Examiner	Da	te						
Signature of Owner Date								
		20						
Sworn to and subscribed before me on thisday of		, 20_	·					
Notary Public								

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