

Application for Third Party Examiner Training Course

Name of Company: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____ - _____

Candidate's Name: _____

CDL Number: _____ Class: _____ Restrictions: _____

Applicant's Cell Phone Number: _____

Please answer the following questions.

1. Does the examiner candidate have a High School Diploma or equivalent? _____.
2. Does the examiner candidate read well at a 10th Grade reading level? _____.
3. Does the examiner candidate possess ability to comprehend and retain what he/she reads? _____.
4. Does the examiner candidate possess the ability to memorize? _____.
5. Does the examiner candidate possess ability to concentrate (focus) on specific action(s) for at least 20 seconds? _____.
6. Do you believe that the examiner candidate possesses the ability to apply learned scoring criteria to observed driver behavior? _____.
7. Does the examiner candidate possess good communications skills? _____.
8. Is this person a full time employee? _____.
9. Do you believe the examiner candidate possesses the moral character necessary to conduct all CDL skills tests in a manner reflecting their seriousness, and their impact on the public safety? _____.
10. Do you believe the examiner candidate will represent your company, and the Office of Motor Vehicles in a professional and responsible manner? _____.

Signature: _____ Title: _____.

Louisiana Department of Public Safety and Corrections

OFFICE OF MOTOR VEHICLES COMMERCIAL DRIVER LICENSES

Original Application

APPLICATION FOR CERTIFIED THIRD PARTY EXAMINER STATUS (Fee \$10.00)

1. Name: _____ Date of Birth _____ Examiner # _____
2. Home Address: _____ City _____ Zip _____
3. CDL number: _____ Expiration: _____ Class _____
Endorsements _____ Restrictions _____
4. Home Phone # _____ Personal Cell # _____
5. Employer's Name: _____ Phone # _____
6. Address: _____ City _____ Zip _____
7. Are you a full time employee of the tester? _____
8. Briefly describe your job position/duties: _____

9. Has your driver's license been suspended, canceled, or revoked within the last 3 years? _____
If "Yes", list the State and reason. _____
10. Do you have a High School Diploma or Equivalent? _____. Year of graduation: _____
Name of High School: _____ City _____ State _____
11. Have you ever been convicted of any fraudulent activities or felony? _____
If so, when and what was the charge? _____

12. Are there any license suspensions/disqualifications? _____ YES _____ No

13. 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? _____

14. Do you promise to conduct all CDL examinations in a manner reflecting their importance to society, their seriousness to the individual, and their impact of the public safety? _____

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

Signature of Examiner Applicant

Date

**STATE OF LOUISIANA
PARISH OF EAST BATON ROUGE**

THIRD PARTY EXAMINER/AGENT AGREEMENT

Be it known that on this _____ day of _____, 20____, that I

_____, Third Party examiner/agent for _____

have 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.

Signature of Examiner Applicant

AFFIDAVIT OF THIRD PARTY EXAMINER

STATE OF LOUISIANA
PARISH OF EAST BATON ROUGE

Be it known that I _____, CDL examiner # _____, employed by _____, a certified Third Party Tester, certify that I am thoroughly knowledgeable of 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 my skills testing is administered at the approved location and scored strictly according to the written standards.

My skills test scoring procedure for the in-cab air brake check is conducted in 3 parts known as the “air brake check (1-2-3)” and all 3 parts must be performed correctly for the applicant to receive scored credit. I am aware that a driver applicant’s failure to perform all of the 3 parts is an automatic failure of the vehicle pre-trip inspection test.

My Basic Controls Skills Test is described on page 4-1 in the current Essex CDL Examiner’s Manual. All the maneuvers in my BCS course meet the dimensional standards as described in the Examiner’s Manual on pages B1 – B4. The boundary lines for maneuvers in my BCS course are marked with traffic cones for clarity.

All the maneuvers described in the Road Test section in the 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 meeting specifications given in figure 5-1 in the Examiner’s Manual. The road test route described is followed in its entirety with every CDL driver applicant tested.

I maintain at my workplace a detailed record of every driver applicant administered a CDL skills test, whether or not the driver passed or failed the test, in accordance with paragraph 6 of the Third Party Tester Agreement entered into by my employer.

Examiner Applicant’s Signature Date

Attested to by: _____
Immediate Supervisor Date

MEMORANDUM

To: Third Party Testers and Examiners

From: Clifton Langlois, CDL Consultant

Subject: Testing Schedules

Date: April 26, 2010

Companies and their examiners are required to obtain and maintain a valid e-mail account which must be checked on a regular basis for important updates to the CDL program. The use of an e-mail account will become part of your renewal application. Failure to obtain, maintain, and provide the address of an 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	E-mail address
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Examiner	E-mail address
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If you have any questions, please contact a CDL Consultant at (225) 223-1163 or (225) 573-5234.

Fax (225) 925-3901, Address: Attn – CDL Consultants, P.O. Box 64886, Baton Rouge, LA 70896

Louisiana Department of Public Safety and Corrections



PUBLIC SAFETY SERVICES
OFFICE OF MOTOR VEHICLES

February 1, 2015

Louisiana law (RS 15:587 – Act#455) and Federal law (384.228) requires you to submit fingerprints for a background check. Please take this letter *along with the completed, attached forms* to your local law enforcement agency or to State Police Headquarters, 7919 Independence Blvd., Baton Rouge to be fingerprinted. Two separate sets of fingerprints are required.

If you are fingerprinted at State Police Headquarters, they will charge an additional \$10.00 fee (separate money order, cashier's check, or company check only) to be fingerprinted. We have no knowledge of the fee charged by other law enforcement agencies.

When completing the authorization form, clearly print your full name as the applicant, SSN, date of birth, driver's license number/state, race and sex. The position applied for is "CDL exam administer". Do not forget to sign the form.

When completing the rapsheet disclosure, make sure to clearly print your name, date of birth, race/sex, and SSN.

Any missing, illegible, or altered information will cause your application to be denied resulting in you needing to start completely over, including fees.

Mail the two sets of fingerprints, \$40.75 fee (money order, cashier's check, or company check only, made payable to LA Department of Public Safety) and the completed, above mentioned forms to:

Office of Motor Vehicles
Attention: CDL Consultant
P.O. Box 64886
Baton Rouge, LA 70896

If you have any questions, feel free to contact us.

Clifton Langlois – (225) 223-1163

Steve Franks – (225) 573-5234

"YOU DRINK & DRIVE, YOU LOSE"

P.O. BOX 64886, BATON ROUGE, LOUISIANA 70896-4886

225-925-6246 | www.expresslane.org

ATN and SID# FOR OFFICIAL USE ONLY

ATN# _____ SID# _____

<p style="text-align: center;">APPLICANT PROCESSING – DISCLOSURE BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION P.O. BOX 66614 (MAIL SLIP A-6) BATON ROUGE, LA 70896</p> <p style="text-align: right;">LSPAPP3/R09.10</p>

Office of Motor Vehicles, Attn: CDL Consultant
AGENCY, BUSINESS OR INDIVIDUAL NAME

Interoffice Mail, CDL Division, OMV HQ
MAILING ADDRESS

Baton Rouge, LA 70806
CITY STATE ZIP CODE

NOTICE:
PLEASE PRINT OR TYPE INFORMATION,
EXCLUDING ADMINISTRATORS OR
AUTHORIZED PERSONS SIGNATURE
INCOMPLETE FORMS WILL NOT BE
PROCESSED

NAME

DATE OF BIRTH

RACE/SEX

SOCIAL SECURITY NUMBER

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE
AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

RAPSHEET ATTACHED

RESPONSE BELOW

SUBMIT TO:

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

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$14.75 FEE. (Cashier Check, Business Check with pre-printed business name or Money Order)

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY**
****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION******

****PLEASE PRINT****

Office of Motor Vehicles, Attn: CDL Consultant Clifton Langlois

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

Interoffice Mail, CDL Division, OMV HQ

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL



Baton Rouge,

LA

70806

(225) 925 – 4977

CITY

STATE

ZIP CODE

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

clifton.langlois@la.gov

AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- | | |
|---|---|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION | <input type="checkbox"/> OMV / VENDOR |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |
| <input type="checkbox"/> BEHAVIOR ANALYST BOARD | <input checked="" type="checkbox"/> OMVC – COMMERCIAL DRIVING EXAM ADMINISTER |
| <input type="checkbox"/> BOARD OF EXAMINERS OF PSYCHOLOGIST | <input type="checkbox"/> OMVE – EMPLOYEE ISSUING COMMERCIAL DL |
| <input type="checkbox"/> BOARD OF NURSING HOME ADMINISTRATORS | <input type="checkbox"/> OMVI – CONTRACT PROCESS |
| <input type="checkbox"/> CASA | <input type="checkbox"/> INQUIRY/TRANSACTION |
| <input type="checkbox"/> COURT ORDER ADOPTION | <input type="checkbox"/> OMVT – AUTO TITLE COMPANY / PUBLIC TAG AGENT |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> DAYCARE | <input type="checkbox"/> POST SECONDARY EDUCATION |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> DCFS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> DCFS CARETAKER | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DCFS FOSTER/ADOPTIVE | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> DCFS PERSONNEL | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> FIRE MARSHAL | <input type="checkbox"/> RIGHT TO REVIEW |
| <input type="checkbox"/> HEALTH CARE PROVIDER (Non Licensed) | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <input type="checkbox"/> SUPREME COURT COMMITTEE BAR ADMISSION |
| <input type="checkbox"/> LA BOARD CHIROPRACTIC EXAMINERS | <input type="checkbox"/> TAXI DRIVERS |
| <input type="checkbox"/> LA PHYSICAL THERAPY BOARD | <input type="checkbox"/> TESS WINDOW TINT |
| <input type="checkbox"/> LA STATE BOARD SOCIAL WORK EXAMINERS | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION |
| <input type="checkbox"/> MEDICAL EXAMINERS | <input type="checkbox"/> VOLUNTEER LOUISIANA COMMISSION |
| <input type="checkbox"/> MENTAL HEALTH COUNSELORS | <input type="checkbox"/> WORKING WITH CHILDREN |

APPLICANTS FULL NAME: _____

****PRINT – USE INK****

LAST FIRST MIDDLE
{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # _____ DATE OF BIRTH: _____

ID or DRIVERS LICENSE # _____ & STATE _____ RACE _____ SEX _____

POSITION OR LICENSE APPLIED FOR CDL Third Party Examiner / CMVSE Act

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.