

THIRD PARTY TESTERS LIST OF VEHICLES USED FOR TESTING

Purpose: Use this form to certify that the vehicles listed below will be used to administer the CDL road skills examination, vehicles are owned or leased by the Tester, and are properly insured. The tester is required by § 46.2-341:14:3(G) to have the appropriate vehicle representative for which the applicant(s) is seeking certification. It is your responsibility to notify the Department of any changes.

Instruction: Enter the description of each vehicle that will be used to conduct testing. Maintain a copy for your records for auditing purposes.

COMPANY INFORMATION			
COMPANY NAME			
CONTACT PERSON NAME	BUSINESS EMAIL ADDRESS	TESTER CODE (DMV USE ONLY)	
STREET ADDRESS	CITY	STATE	ZIP CODE

VEHICLE INFORMATION								
Make	Model	VIN Number	License Plate Number	Class Type(s)	Air Brakes	School Bus	Passenger	Transmission Type
				<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual
				<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual
				<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual
				<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual
				<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual
				<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual

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.		
AUTHORIZED REPRESENTATIVE NAME (print)	AUTHORIZED REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)