



**ORGANIZATION APPLICATION**

**FOR DMV USE ONLY**

DATE APPROVED: \_\_\_\_\_

LICENSED NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**ADDRESS OF TEST SITE(S)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS TYPE**

SOLE PROPRIETOR

PARTNERSHIP

CORPORATION

ASSOCIATION

**COMPLETE BELOW FOR ALL PARTNERS, MEMBERS, AND SUCCESSORS**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DE LICENSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DE LICENSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DE LICENSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**COMPLETE BELOW FOR PERSONS AUTHORIZED TO SIGN CONTRACTS**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**EMPLOYEES WHO REQUIRE DIVISION CERTIFICATION**

NAME: \_\_\_\_\_ DRIVER LICENSE: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DRIVER LICENSE: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DRIVER LICENSE: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DRIVER LICENSE: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DRIVER LICENSE: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DRIVER LICENSE: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DRIVER LICENSE: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DRIVER LICENSE: \_\_\_\_\_ STATE: \_\_\_\_\_

**NOTE:** IF YOU NEED MORE SPACE TO LIST PARTNERS, MEMBERS, SUCCESSORS, AUTHORIZED SIGNERS, OR ANYONE NEEDING CERTIFICATION, PLEASE INCLUDE A TYPED LIST OF INDIVIDUALS CLEARLY LABELING THE CATEGORY IN WHICH THEY FALL AND SUBMIT WITH YOUR APPLICATION.

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

1. Is the Commercial Driver Third-Party Testing Organization operating from any of the following (please circle one):

House, trailer, residence, temporary address, hotel/motel room(s), boarding house, garage, single or multiple dwelling units shared office facilities.

2. Has anyone listed above ever operated a Commercial Driver Third-Party Testing Organization in this or any other state before?

Yes  No (If yes, please identify the name, date(s), location, and position.)

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3. Has anyone listed above ever been convicted of a felony?

Yes  No (If yes, provide the date(s) along with the explanation(s).)

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4. Is your Commercial Driver Third-Party Testing Organization the only business conducted at that address?

Yes  No (If no, please explain.)

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5. Does your Commercial Driver Third-Party Testing Organization maintain or have an available permanent testing site?

Yes  No (If yes, include the Test Site Maintenance Plan and pictures with this application.)

6. Does the testing site meet the requirements of the State of Delaware's Third-Party Regulation (Reg. 2226)?

Yes  No (If no, please explain.)

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7. Will your Commercial Driver Third-Party Testing Organization provide vehicles to perform skills exams?

Yes  No (If yes, please provide the insurance company policy/binder.)

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8. Do you operate a branch office?

Yes  No (If yes, indicate name, location, & all instructors)

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**MAKING A FALSE STATEMENT OR CONCEALING A MATERIAL FACT IN THIS APPLICATION WILL RESULT IN THE REVOCATION OF YOUR THIRD-PARTY TESTING ORGANIZATION.**

I, the undersigned, certify that I have read the laws, rules, and regulations governing Third-Party Testing and that I agree to abide by the rules, regulations, and laws set forth and further affirm that all statements made by me in this application are true and correct to the best of my knowledge.

Each owner, partner, or officer of the Commercial Driver Third-Party Testing Organization must sign in the space provided below in the presence of a Notary.

SIGNATURE:

TITLE:

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SIGNATURE:

TITLE:

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SIGNATURE:

TITLE:

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Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

NOTARY:

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**FOR DMV USE ONLY**

This application is:  APPROVED  DENIED

Reason for denial: \_\_\_\_\_

by \_\_\_\_\_ DATE: \_\_\_\_\_

**Division of Motor Vehicles  
Representative**

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**ITEMS LISTED BELOW MUST BE INCLUDED WITH THIS APPLICATION**

- 1. Samples of contracts
- 2. List of scheduled fees
- 3. Federal and State Criminal Background Check for all owners/ skills testers (ST)
- 4. Surety Bond
- 5. If providing vehicles attach a list with VIN, tag number, GVWR, GCVWR
- 6. Commercial general liability insurance and Workman’s Compensation Insurance
- 7. Business License
- 8. Zoning Authority letter for testing site

**SAMPLE LIST OF FEES**

COURSE OF INSTRUCTION	FEE
CDL Class A Skills Exam	
CDL Class B Skills Exam	
CDL Class C Skills Exam	
School Bus Skills Exam	
Passenger Skills Exam	
CDL Class Upgrade	
Remove Restrictions	
Other: _____	

**CRIMINAL BACKGROUND CHECKS**

EACH CRIMINAL BACKGROUND CHECK MUST BE PLACED IN A SEALED ENVELOPE WITH THE INDIVIDUAL’S NAME ON THE OUTSIDE. MUST BE DELIVERED IN PERSON OR BY MAIL. DO NOT EMAIL CRIMINAL BACKGROUND CHECKS.

All Third-Party Testing Organization’s (TPTO) applying for a license are required to provide a copy of their State and Federal criminal history for all owners/partners/skill examiners issued within the last 6 months.

It is the responsibility of the applicant to ensure criminal history meet the standards set forth by the Regulation. There will be no reimbursement for costs in connection with the application process if the application is denied. Document must indicate any and all arrests and charges, including any which occurred in other states, if any are pending, were dismissed or nolle prosequi.

Each criminal background check must be placed in a sealed envelope with the individual's name on the outside and delivered in person to the CDL Unit at the Dover DMV or mail to the address below.

**Division of Motor Vehicles**

Commercial Driver License Unit  
PO Box 698  
Dover, DE 19903

Delaware Criminal background check information may be obtained at <https://uenroll.identogo.com>

Service Code: **27RVGT**

Federal criminal background check information may be obtained at <https://www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/identity-history-summary-checks>.

**ROUTES**

All TPTO's application must include a route proposal. For primary, secondary and modified route requirements visit the Commercial Driver TPTO website at [dmv.de.gov/commercialdriverthirdparty](http://dmv.de.gov/commercialdriverthirdparty).

**CONDITIONS**

As a condition for the issuance and the continued effect of a Commercial Driver Third-Party Organization License, the undersigned undertake and agree to all the following conditions:

- To maintain adequate records as prescribed by the Division of Motor Vehicles and permit the inspection of such documents by the Director, any designee, or law enforcement officer at a reasonable time between Monday through Friday from 8:00 a.m. to 4:30 p.m.
- To advise the DMV in writing within 48 hours, whenever a Skill Tester's status changes or is terminated from the TPTO.
- To comply with all state laws and regulations, and all county and municipal regulations and ordinances relating to public and county health and public safety for the school and business facility.
- To comply with all the provisions of Title 21, Motor Vehicle Laws of the State of Delaware, the Third-Party Testing Organization Agreement, and the rules and regulations relating to third-party testing.
- To comply with all provisions of Federal Motor Carrier Safety Regulations.
- To comply with all Certified Commercial Driver Examiner Requirements per the American Association of Motor Vehicle Administrator's CDL Testing System.
- To advise the DMV within 10 (ten) days of any material change in the application or schedules which are made a part thereof.

The licensee shall file with the Director of the Division of Motor Vehicles evidence of insurance with a company authorized to do business in the state, in the amount of at least \$50,000 because of bodily injury to or death of two or more persons of others in one accident.

Evidence of such insurance coverage must be in the form of a letter or certificate from the insurance carrier, which shall stipulate that the Director of the Division of Motor Vehicles shall be notified 10 days before the policy expiration or cancellation. Such notice of expiration or cancellation shall be mailed to the DMV (address below).

As stated in Regulation 2226 §4.6.1, a licensing fee of \$500.00 (non-refundable) must accompany this application, which includes training and certification of Skills Testers by the Division.

Please forward the completed application, sample copies of contracts and schedule of fees, along with a check or money order made payable to the Division of Motor Vehicles to:

**Division of Motor Vehicles**

Commercial Driver License Unit  
PO Box 698  
Dover, DE 19903