

**Application for
THIRD-PARTY CERTIFICATION PROGRAM
SAFETY OFFICER
(Please Print or Typewrite)**

General

APPLICANT'S NAME

HOME ADDRESS

HOME PHONE

CITY

STATE

ZIP CODE

ILLINOIS DRIVER'S LICENSE #

CLASSIFICATION

SOCIAL SECURITY #

NAME OF THIRD-PARTY CERTIFICATION ENTITY FOR WHICH YOU WILL TEST:

ADDRESS

CITY

STATE

ZIP CODE

Testing Experience

List any training you have received that instructed you on methods to conduct drive tests.

NAME OF TRAINING

DATE OF TRAINING

Have you read the Secretary of State's Examiner's Manual and will your training and experience qualify you to conduct drive tests as described in the Secretary of State's Examiner's Manual?

yes

no

Questions

1. Have you ever been convicted of driving while under the influence of alcohol, other drugs, or a combination thereof, leaving the scene of an accident, or reckless homicide or reckless driving?

yes

no

2. Have you ever received a suspension for repeated involvement as a driver in a motor vehicle collision or for a violation of the Implied Consent Provision, received a Statutory Summary Suspension, or had repeated convictions of traffic offenses?

yes

no

3. Have you ever been convicted of perjury or making any false statements relating to the Illinois Vehicle Code?

yes

no

4. Has your license to drive in Illinois or any other state ever been denied, cancelled, suspended or revoked?

yes

no

over

5. Has your Third-Party Certification Program Safety Officer's License ever been denied, cancelled, suspended or revoked? yes no
6. Are you currently employed by a Commercial Driver Training School? yes no

Explanations of the previous questions answered "yes" _____

THIS PORTION MUST BE READ AND COMPLETED BY THE APPLICANT

I intend to drive test employees or members in the following classifications(s):

- | | | | |
|--|--|--------------------------------------|--|
| Class A <input type="checkbox"/> | Class B <input type="checkbox"/> | Class C <input type="checkbox"/> | Class M <input type="checkbox"/> |
| Passenger Endorsement <input type="checkbox"/> | | Restriction <input type="checkbox"/> | Class A (Non-CDL) <input type="checkbox"/> |
| Class B (Non-CDL) <input type="checkbox"/> | Class C (Non-CDL) <input type="checkbox"/> | School Bus <input type="checkbox"/> | |

The applicant undertakes and agrees that:

1. If he/she terminates employment with the third-party certification entity listed herein, he/she will surrender his/her license to test for said third-party certification entity.
2. If he/she becomes employed by another third-party certification entity, he/she will make application for a new safety officer license for said third-party certification entity.

Under penalty of perjury, I, swear and affirm that I have read the foregoing application, I am familiar with all its contents, and believe that all answers contained therein are true in substance and in fact.

Applicant's Signature _____ Date _____

This application must be signed by an authorized official of the third-party certification entity.

Signature _____ Date _____

Title _____