

APPLICATION FOR CDL THIRD PARTY TESTING PROGRAM

North Dakota Department of Transportation, Driver License
SFN 61561 (7-2023)

Name of Entity				
Physical Address of Administrative Office		City	State	ZIP Code
Telephone Number	Fax Number	Email Address		
Number of Years in Operation	Description of Entity			
Number of Commercial Motor Vehicles Owned/Operated		Class of Motor Vehicle to be Administered		
Authorized Official		Title		

Surety Bond Attached (\$5000)

Testing Information:

List addresses of locations where all parts of the test will be completed and provide a Google map.

Vehicle Inspection
Backing Control Skills
Road / Skills Test Start & End Points

Attach the route your company will use for conducting the road test.

I attest that the entity carries the required insurance as described in North Dakota Statutes, to include but not limited to, Title 39, for all vehicles used for testing. I attest that the information submitted is true and accurate.

Print Name	
Signature	Date

Department Use Only

Application Approved By:	
Name	Title
Signature	Date