



Motor Vehicle Division
 PO Box 2100
 Phoenix AZ 85001-2100

THIRD PARTY DRIVER LICENSE TRAINING PROVIDER INDIVIDUAL CERTIFICATION APPLICATION

40-6401 R05/19 azdot.gov

- Print or type
- Answer all questions
- If not applicable, enter "NA"
- If additional space is needed, attach separate sheet

Application is hereby made for certification to engage in the following Third Party activities:

Driver License Instructor/Trainer <input type="checkbox"/> Motorcycle <input type="checkbox"/> MSF <input type="checkbox"/> Total Control		<input type="checkbox"/> Operator (Class D/G) <input type="checkbox"/> Classroom; only <input type="checkbox"/> Behind the Wheel; only <input type="checkbox"/> Both		<input type="checkbox"/> Special Performance Evaluation <input type="checkbox"/> Classroom; only <input type="checkbox"/> Behind the Wheel; only <input type="checkbox"/> Both	
Driver License Certified Individual (pursuant to A.R.S. § 28-5105-A) <input type="checkbox"/> Responsible Party (Certified Individual)*					
Applicant Name (first, middle, last, suffix)					
Additional Names/AKA's (maiden, prior name, nickname, professional name, other)					
Residence Address				City	State Zip
Mailing Address (if different from above)				City	State Zip
Daytime Telephone ()	Date of Birth	AZ Driver License Number	Class	Endorsements	Expiration Date
Email address					

* Must have valid Arizona driver license; fingerprints required

2. Yes No Have you ever been employed by the Arizona Department of Transportation/Motor Vehicle Division (ADOT/MVD)? If Yes, please complete the following, beginning with the most recent.

Manager/Supervisor Name	Office Location	Dates Employed
Reason For Leaving		
Manager/Supervisor Name	Office Location	Dates Employed
Reason For Leaving		
Manager/Supervisor Name	Office Location	Dates Employed
Reason For Leaving		

3. Yes No Have you ever been employed by an ADOT/MVD Authorized Third Party, professional driving school or traffic survival school? If Yes, please attach details on separate sheet.

3a. Please indicate all activities for which you were certified or licensed:

Application Processor <input type="checkbox"/> Title and Registration <input type="checkbox"/> Driver License <input type="checkbox"/> TransPort System (permits) <input type="checkbox"/> Other (specify):	Vehicle Inspector <input type="checkbox"/> Level I only <input type="checkbox"/> Level I plus Abandoned Vehicles	
Driver License Instructor/Trainer or Responsible Party <input type="checkbox"/> Traffic Survival School <input type="checkbox"/> Responsible Party (Certified Individual) <input type="checkbox"/> Other (specify):		<input type="checkbox"/> Professional Driving School <input type="checkbox"/> Motorcycle <input type="checkbox"/> MSF <input type="checkbox"/> Total Control <input type="checkbox"/> Operator (Class D/G) <input type="checkbox"/> Classroom; only <input type="checkbox"/> Behind the Wheel; only <input type="checkbox"/> Both <input type="checkbox"/> Special Performance Evaluation <input type="checkbox"/> Classroom; only <input type="checkbox"/> Behind the Wheel; only <input type="checkbox"/> Both

Driver License Examiner (<i>For MVD ATP Facilities Only</i>) <input type="checkbox"/> Motorcycle Written Test <input type="checkbox"/> Motorcycle Road Test <input type="checkbox"/> Operator Written Test (Class D/G) <input type="checkbox"/> Operator Road Test			
---	--	--	--

Commercial Driver License Examiner

Skills Test (Indicate the license class. Class A = A, B and C; B = B and C; C = C only):

Truck Coach-Transit Bus School Bus

4. Yes No Have any of the certifications or licenses listed in #3a ever been denied, canceled or suspended? If Yes,

Explain

5. Yes No Have your driving privileges or vehicle registrations ever been suspended, revoked, canceled, disqualified or denied? If Yes, explain.

Explain

6. Yes No Have you been convicted of fraud or an auto-related felony in any state, territory or possession of the U.S. or any foreign country in the last 10 years?

7. Yes No Have you been convicted of any other felony in any state, territory or possession of the U.S. or any foreign country in the last 5 years?

8. Yes No Do you have any pending charges/cases/investigations awaiting disposition?

9. Yes No Within the last 39 months, have you received a conviction related to driving under the influence of intoxicating liquor or drugs, reckless driving, racing upon the highway, or leaving the scene of an accident.

If Yes to question 6, 7, 8 or 9, explain.

Explain

Additional information may be required with this application and/or following the review of this application.

If applying for any Third Party certification, you must submit with this application, your Motor Vehicle Record(s) (MVR) covering the last 39 months. The MVR must be dated within 30 days of the date of this application.

I hereby release my MVR to ADOT/MVD for verification of my qualification as a Third Party Certified Individual.

I certify that the information contained on this application is true and correct and that I will comply with all applicable statutes, rules and authorization agreement terms and conditions governing Third Party activities. I understand that any misrepresentation or misstatement in the application or submitted documentation may cause the application to be denied.

Applicant Signature	Date
---------------------	------

I hereby request certification for the above applicant. I hold ADOT/MVD, its employees and agents harmless from any and all liability.

Authorized Third Party Name	Auth#	Phone ()
Representative Name	Representative Signature	Date

The following portions of A.R.S. § 41-1030 are provided for your reference:

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorized the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02