



Motor Vehicle Division

56-0102 R07/19 azdot.gov

# AUTHORIZED THIRD PARTY (ATP) ON-THE-JOB TRAINING (OJT) AGREEMENT

OJT authorizes the applicant to perform basic title and registration activities with supervision by a certified processor employed by the ATP with six (6) months or more of Title and Registration experience, successfully completed the OJT Train the Trainer class and an accuracy rate of 95% or higher. The participant must attempt the certification exam at the end of a ninety-day period.

The following individual has been assigned to participate in On-the-Job Training (OJT):

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
ATP Name

\_\_\_\_\_  
Office #

\_\_\_\_\_  
ATP Representative or Contact Name

### OJT Terms and Conditions:

\_\_\_\_\_  
Name of Designated OJT Administrator

\_\_\_\_\_  
RACF

- ⇒ I have been assigned as the "designated OJT administrator" for the applicant described above.
- ⇒ I hereby certify that I have six (6) months or more of Title and Registration experience.
- ⇒ I hereby certify that I have an accuracy rate of at least 95% or greater.
- ⇒ Training materials are available online at <https://adotlms3/stc/adot/psciis.dll?MAINMENU=ADOT>.
- ⇒ I hereby agree to provide the proper materials to the trainee. Furthermore, this material will be thoroughly reviewed and practiced with the trainee prior to their scheduled test.
- ⇒ I understand that I must notify Third Party Administration if it becomes necessary to withdraw the applicant/trainee from the test for any reason within **seven** business days of their scheduled test.

\_\_\_\_\_  
Designated Test Administrator Signature

\_\_\_\_\_  
Date

### Applicant/Trainee:

- ⇒ I acknowledge I will be participating in a **90-day OJT** with the administrator above.
- ⇒ I agree to follow the terms set forth above.
- ⇒ I understand that it is necessary to thoroughly review, study and practice the materials being provided to me prior to taking the test.
- ⇒ I understand I must notify Third Party Administration if it becomes necessary to withdraw from the test for any reason within **seven** business days from my scheduled test date.
- ⇒ I understand I will be held to an accuracy rate of at least 95% or greater once I become certified. If I fall below this standard I will be required to attend additional training.

\_\_\_\_\_  
Applicant/Trainee Signature

\_\_\_\_\_  
Date

If you have any questions, please contact the Third Party Administration at [CertificationDesk@azdot.gov](mailto:CertificationDesk@azdot.gov) or (602)712-8217 #4.

### MVD USE ONLY

OJT Approved by \_\_\_\_\_

OJT Effective Date \_\_\_\_\_