

**AUTHORIZED THIRD PARTY (ATP)  
DRIVER LICENSE ON-THE-JOB TRAINING (OJT)  
AGREEMENT**

OJT authorizes the applicant to perform driver license activities with supervision by a Driver License Certified processor employed by the ATP with six (6) months or more of Driver License experience, successfully completed the OJT Train the Trainer class and an accuracy rate of 95% or higher. The participant must attempt and pass all tests/exams provided in training to continue the OJT driver license certification.

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

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

\_\_\_\_\_  
Authorized Third Party Name

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

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

**OJT Terms and Conditions:**

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

\_\_\_\_\_  
RACF

- ⇒ I hereby certify that I have six (6) months or more of Driver License experience.
- ⇒ I hereby certify that I have successfully completed the Dual Supervisor Class.
- ⇒ I hereby certify that I have an accuracy rate of at least 95% or greater.
- ⇒ Training materials are available online at <http://adotlms/stc/adot/psciis.dll?MAINMENU=ADOT>.
- ⇒ I hereby agree to provide the trainee 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 **immediately**.

**Applicant/Trainee:** I acknowledge that I will be participating in a **minimum of 25 hours a week for 4 weeks of Driver License OJT** with the administrator above. Furthermore, 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 that I must notify Third Party Administration if it becomes necessary to withdraw for any reason **immediately**.

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