

**AUTHORIZED THIRD PARTY (ATP)
PROCESSOR ROAD/SKILLS TEST
CERTIFICATION AGREEMENT**

Authorized Third Party (ATP) Provider that has been approved to conduct Driver License Road/Skills test must select processors to perform the Road/Skills on behalf of the ATP.

The following has been established to designate the processor that will be certified. Please refer to Motor Vehicle Division (MVD) policies and training materials for additional information.

Certification:

The Company must submit a Third Party Individual Certification Application, and receive approval from Third Party Administration, for each individual wishing to receive the MVD Third Party Road/Skills certification.

The individual indicated below has been assigned as the ATP's Designated Road/Skills Test Administrator.

Terms and Agreement:

- Must comply with all terms of the Authorization Agreement
- Must possess a current driver license for the operation of the type of vehicle in which they are testing
- Must not have had any driver license suspensions, revocations, or cancellations, including convictions related to driving under the influence of drugs or alcohol, reckless driving, aggressive driving, leaving a scene of an accident, or racing on a highway, within 39-months prior to the date of original application and during certification
- View the Road Test video provided by MVD
- Read and comprehend the Driver License Examiner Manual, which provides the basic instructions for administering a road/skills test
- Read and understand MVD Policies 16.2.3, 16.2.4, and 16.2.5 located in MVD POLARIS
- Successfully complete the Driver License Examiner Road and Skills Exam with a minimum score of 80% or higher to pass
- The Driver License Examiner Road and Skills Exam can be located on the ADOT Learning Center/Training Resources/Review/ Third Party Training then on right side Driver License Examiner Road and Skills Test Manual at <https://adotlms3/stc/adot/psciis.dll?MAINMENU=ADOT>
- I understand that it is necessary to thoroughly review, study and practice the materials being provided to me prior to taking the test

I hereby certify that I have read the above terms and meet the qualifications for said certification.

ATP Name and Office Location (if applicable)

Printed Name

Signature

Date

If you have any questions, please contact the Third Party Administration at CertificationDesk@azdot.gov.

MVD USE ONLY

Approved by: _____

Effective Date _____