



COMMERCIAL LICENSING AND
SPECIALTY SERVICES
Commercial Driver License
Examination Program

CDLE PROVIDER AUTHORIZATION CHECKLIST

96-0902 R10/17 azdot.gov

- _____ Completed MVD form 96-0909 CDL EXAMINATION PROVIDER AUTHORIZATION APPLICATION.
- _____ Copy of Articles of Incorporation if applicable.
- _____ Copy stamped "filed" by the Arizona Secretary of State of a Certificate of existence.
- _____ Completed MVD form No. 96-0560 AUTHORIZED PRESENCE DOCUMENTATION.
- _____ One complete fingerprint card must be submitted with the application for each partner, sole proprietor, stockholder owning 20% or more of the entity and each examiner applicant, along with form 99-0141A FINGERPRINT TECHNICIAN, in a **separate, sealed envelope**.
- _____ Cashier's check or money order payable to Department of Public Safety (DPS) for \$22.00 for **each person** fingerprinted.
- _____ Completed MVD form 46-0409 PERSONAL HISTORY/AUTHORIZATION TO RELEASE INFORMATION for **each person** fingerprinted.
- _____ Completed MVD form 96-0101 THIRD PARTY BOND (unless exempt).
- _____ If exempt, submit completed MVD form 96-0517 THIRD PARTY BOND REQUIREMENT EXEMPTION
- _____ Certificate of Insurance or Self Insurance as required by the Arizona Department of Transportation Risk Management.
- _____ Own, lease or rent at least one vehicle representative of the type of vehicle or group of vehicles which may be used for testing (Provide Proof).
- _____ Photos of:
 - _____ Sign indicating hours of operation
 - _____ Floor plan of office area and secure records storage location
- _____ Skills test track inspection:
 - _____ Provide diagram with dimensions of proposed track locations
- _____ Map with narrative of road test route.
- _____ If land is not owned by the contractor, attach letter from landowner granting permission for the site to be used as a CDL test site.
- _____ Documentation (from the appropriate zoning authority) that the address of the test site is commercially zoned or the zoning authority approves the use of the address as a CDL testing facility.
- _____ Completed MVD form 96-0118 THIRD PARTY CERTIFIED INDIVIDUAL APPLICATION for **each** Examiner or **each** Certified Individual applicant. Please see form 96-0904 CERTIFIED INDIVIDUAL CHECKLIST for each Certified Individual and form 96-0903 CERTIFIED CDL EXAMINER.

Submit to:
ADOT/Motor Vehicle Division
CDLE Unit
PO Box 2100, MD 545M
Phoenix, Arizona 85001-2100

NOTE: Only the current version of required forms will be accepted.
 Forms may be downloaded from: <http://www.azdot.gov/mvd/mvd-forms-library>.
 If fingerprint cards are needed, please call 602-712-4752 or email your request to: cdle2@azdot.gov.