

Third Party Examiner Program Questionnaire

Department of Public Safety

CDLThirdPartyExaminers@dps.ok.gov

This questionnaire will be used to establish the schools selected for the TPE program. Please make sure to answer each question and return to the Department of Public Safety no later than _____.

Date _____

Name of School _____

Mailing Address _____
Street City State Zip

Contact for School and Title _____

Phone _____

Email address

Number of trainers currently used for training _____

Training program (curriculum) currently used _____

Hours of training required (classroom) _____

(Behind the wheel) _____

The number of student's /applicant's trained and tested in 2018 _____

The number of student's/applicant's trained and tested in 2019 _____

Approximate number of student's/applicant's expected to be trained and tested in 2020 _____

Total number of employees with a Commercial Driver License _____

Have you ever entered into a Third Party Testing Program with another State? _____

State _____

Dates you were certified _____.

Are you currently in a Third party Testing Program with another State? _____

What class of CDL does your School operate: Class A _____ Class B _____ Class C _____

Have you ever entered into a Third Party Testing Program with Oklahoma? _____

If yes, what year? _____

How long has your Truck school been certified with Department of Public Safety ? _____

***** Mandatory training will be required for all individuals selected to the Third Party Program. Individuals selected are required to be available for field training upon DPS request until training is completed. *****