

# THIRD-PARTY TESTER CERTIFICATION OF SKILLS TEST ROUTE INSTRUCTIONS

**Purpose:** Use these instructions when completing Third-Party Tester Certification of Skills Test Route (TPT 550).

### GENERAL INSTRUCTIONS

Complete a Skills Test Route Application for **each** route that will be used to administer the CDL final road skills examination. You must submit a primary **and** secondary route. Submit each application along with a copy of the map outlining the test route as required by § 46.2-341.14:1(B)(12) of the Virginia Code.

**Important Note:** The skills test route must include the following maneuvers:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• 4 left turns</li> <li>• 4 right turns</li> <li>• 1 lane change to left</li> <li>• 1 lane change to right</li> <li>• 1 bridge or underpass</li> <li>• 2 pass through an intersection</li> <li>• 2 stops at an intersection</li> <li>• 1 railroad cross (when possible - if not possible, simulate)</li> </ul> | <ul style="list-style-type: none"> <li>• 1 straight section of urban business street</li> <li>• 1 curve to the left</li> <li>• 1 curve to the right</li> <li>• section of expressway or highway</li> <li>• roadside stop/start</li> <li>• student discharger (if required)</li> <li>• weight restriction or traffic sign or low clearance (must include 2 of the 3 maneuvers)</li> </ul> |
|---|--|

**Important Information:** Please refer to the *CDL Examiner's Manual – Road Test section for specific instructions for conducting the road test maneuvers.*

### TESTER INFORMATION

- |                          |  |
|--------------------------|--|
| 1. Company Name:         | Enter the name of the company as it appears on the third party tester application. |
| 2. Contact Name:         | Enter the name of the contact person (legal name - no nick names).                 |
| 3. Contact Phone Number: | Enter the telephone number of the contact person.                                  |
| 4. Street Address:       | Enter the company's physical address.  |
| 5. City:                 | Enter the name of the city where the company is located.                           |
| 6. State:                | Enter the state where the company is located.                                      |
| 7. ZIP Code:             | Enter the zip code of where the company is located.                                |

### ROAD SKILLS TEST INFORMATION

- |  |   |
|--|---|
| 1. Check Box:                                | Check the applicable box to indicate if this is a Primary Test Route or Secondary Test Route submission.  |
| 2. Test Route Starting Point:                | Enter the physical address of the starting point of the test route.   |
| 3. Miles in Test Route:                      | Enter the total number of miles in the primary test route.  |
| 4. Address of Pre-Trip Inspection:           | Enter the physical address, if different from the starting point address, where the pre-trip inspection will be conducted.  |
| 5. Address of Basic Skills Control:          | Enter the physical address, if different from the starting point address, where the basic skills control examination will be conducted.   |
| 6. Road Skills Test Step-By-Step Directions: | Enter the step-by-step directions and check the applicable box to indicate if the maneuver is graded.<br><br>Note: A "Graded Maneuver" is a road skills maneuver that is successfully demonstrated by the applicant and scored by the Examiner. |

### CERTIFICATION STATEMENT

- |                                       |   |
|---------------------------------------|---|
| 1. Third-Party Tester Representative: | The authorized representative prints full legal name acknowledging certification statement. |
| 2. Third-Party Tester Representative: | The authorized representative signs full legal name acknowledging certification statement.  |
| 3. Date:                              | Enter the date the application is completed.  |