

**Third Party Examiner Program Questionnaire**

**Department of Public Safety**

[CDLThirdPartyExaminers@dps.ok.gov](mailto: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. \*\*\*\*\*