

Affidavit to Confirm TPT Examiner Certification Eligibility

	TPT EXAMINER	APPLICANT INFORMATION	N	
Name:				
	First	MI	Last	
DOB:		Address:		
	DRIVER TRAINING	CERTIFICATION INFORMA	TION	
[OT Instructor Certification #	Cert Effective Date	Cert Expiration Date	
	Driver Training School Name		DT School Certification #	
	APPLICA	ANT ATTESTATION*		
	l I completed an application to obtain a DI	OS Third Party Testing Exam	miner Certification.	
☐ I read and understand the TPT Program Rules and Regulations governed by DDS.				
	Under the penalty of law, I do hereby sw Testing Examiner Certification pursuant t	-	•	
1. I have held my DDS Driver Training Instructor Certification for at least six (6) months.				
2. I have provided at least 500 hours of approved behind-the-wheel training.				
	Applicant's Signature	Driver -	Driver Training School Owner's Signature	
	 Date		Date	

 $[*] Knowingly\ making\ a\ false\ statement\ will\ result\ in\ criminal\ charges\ brought\ against\ you\ and\ the\ cancellation\ of\ your\ certification.$