

## OCCUPATIONAL LICENSING SECTION NOTIFICATION OF COMMERCIAL SKILLS TEST SCHEDULE

**IMPORTANT – READ CAREFULLY:** This form must be completed in its entirety. Incomplete forms will not be accepted and may result in a sanction against your Employer Number.

**Instructions:**

- This form is to be completed by the ETP program administrator and submitted to the department a minimum of two business days prior to each commercial skills test.
- Keep a copy of this form for your records.

**Scan and e-mail this form to: [LODETPCDL@DMV.CA.GOV](mailto:LODETPCDL@DMV.CA.GOV)**

**Notice:** The *Code of Federal Regulations*, Title 49 Transportation Section 383.75(a)(8)(viii) requires third party testers to submit a schedule of CDL skills testing appointments to the department no later than two business days prior to each test.

### SECTION 1 — EMPLOYER TESTING PROGRAM INFORMATION

COMPANY NAME		ETP NUMBER
ADDRESS		TELEPHONE NUMBER (     )
CITY	STATE	ZIP CODE

### SECTION 2 — TESTING INFORMATION

EXAMINER TRUE FULL NAME (LAST, FIRST, MIDDLE)		
DRIVER TRUE FULL NAME (LAST, FIRST, MIDDLE)		
TESTING LOCATION	TEST DATE	TIME
EXAMINER TRUE FULL NAME (LAST, FIRST, MIDDLE)		
DRIVER TRUE FULL NAME (LAST, FIRST, MIDDLE)		
TESTING LOCATION	TEST DATE	TIME
EXAMINER TRUE FULL NAME (LAST, FIRST, MIDDLE)		
DRIVER TRUE FULL NAME (LAST, FIRST, MIDDLE)		
TESTING LOCATION	TEST DATE	TIME
EXAMINER TRUE FULL NAME (LAST, FIRST, MIDDLE)		
DRIVER TRUE FULL NAME (LAST, FIRST, MIDDLE)		
TESTING LOCATION	TEST DATE	TIME

### SECTION 3 — CERTIFICATION

***I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

PRINTED NAME OF ADMINISTRATOR	DATE
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SIGNATURE

**X**