Georgia Department of Driver Services
2206 East View Parkway • Conyers, Georgia 30013

Nathan Deal
Governor

Bert Brantley
Commissioner

MEMORANDUM

TO: Certified CDL Third Party Testers

FR: Kecia Bivins, Division Director of Regulatory Compliance

DA: October 5, 2016

RE: Revised CDL Form

Effective Monday, October 10, 2016, CDL Third Party Testers (TPTs) should begin using the revised CDL Road Skills Test Weekly Schedule. The form has been modified to include pertinent applicant information:

- first and last name
- driver license number
- date of birth
- permit class (and jurisdiction if the permit is from another state)
- restriction or endorsement sought
- permit issue and expiration dates

As you know, the Weekly Schedule must be emailed your assigned CDL Analyst and the CDL Unit Manager at least two (2) weeks prior to the scheduled tests.

Please see the attached versions of the CDL Road Skills Test Weekly Schedule. One form will be utilized for **GA residents** and the other is specifically for **out of state residents**.

For now, start using the revised CDL Road Skills Test Weekly Schedule (GA Residents) on Monday, October 10th. Previously submitted Weekly Schedules should not be re-submitted. A memo will be disseminated soon with details regarding testing out of state residents and submittal of the ***CDL Road Skills Weekly Schedule (Out of State Residents).***

The Department's staff looks forward to assisting and answering any questions you may have regarding the revised form. We can be reached by phone at 678-413-8745 or via email at reginfo@dds.ga.gov. Thanks for helping to enhance the integrity of our CDL Program.

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Georgia Department of Driver Services

CDL THIRD PARTY ROAD SKILLS TEST WEEKLY SCHEDULE GA RESIDENTS

Company/System Name: _____ TPT Cert #: _____

Site Address: _____ Telephone #: _____

_____ Name of Submitter: _____

Test Date MM/DD/YY	Beginning Time	Applicant First Name	Applicant Last Name	Applicant DL #	Applicant DOB	Applicant Permit Class	Applicant Rest./Endors.	Applicant Issue Date	Applicant Exp. Date	Examiner Name/ Cert #

At least two (2) weeks prior to testing, email this form directly to your assigned CDL Analyst and copy Kathy Harvey (kharvey@dds.ga.gov).

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CDL THIRD PARTY ROAD SKILLS TEST WEEKLY SCHEDULE

OUT OF STATE RESIDENTS

Company/System Name: _____ TPT Cert #: _____

Site Address: _____ Telephone #: _____

_____ Name of Submitter: _____

Test Date MM/DD/YY	Beginning Time	Applicant First Name	Applicant Last Name	Applicant DL #	Applicant DOB	Applicant Permit Class & Jurisdiction	Applicant Rest./Endors.	Applicant Issue Date	Applicant Exp. Date	Examiner Name/ Cert #

At least two (2) weeks prior to testing, email this form directly to your assigned CDL Analyst and copy Kathy Harvey (kharvey@dds.ga.gov).