SIGNATURE CARD

Complete and submit this card

Name of third party tester (company) — Phone number

Print Examiners Full Name

Examiners address — City — Zip

Mailing address if different

Examiner Driver License number

Skills test shall be conducted strictly in accordance with Federal Regulations 49 part 383 of the code and in compliance with state laws. Signature will be used to verify authenticity of submitted certificates of driver competency.

Examiner signature — Date

THIRD PARTY TESTER REPRESENTATIVE

Signature — Title — Date

The above named examiner is no longer a third party testing examiner for our company.

Third party tester representative signature — Date