



Department of Public Safety and Corrections
OFFICE OF MOTOR VEHICLES
 Class "D" and "E" Driver's License Road Skills Test

APPLICATION FOR ROAD SKILLS TEST

(For Third Party Tester use only)

THIRD PARTY TESTER NAME:	ID NUMBER:	DATE:
<i>PLEASE ENTER THE FOLLOWING INFORMATION AS IT APPEARS ON THE ACCEPTABLE ID.</i>		
NAME (LAST, FIRST, MIDDLE/MAIDEN, SUFFIX):		
ADDRESS (STREET/PO BOX, CITY, STATE, ZIP):		
DATE OF BIRTH (MONTH/DAY/YEAR):	DRIVER'S LICENSE NUMBER:	LICENSE STATE:

<i>PARENTAL CONSENT - TO BE USED ONLY IF APPLICANT IS A MINOR</i> (Check Appropriate Box)	
I certify that I am the: <input type="checkbox"/> Legal Custodial Father <input type="checkbox"/> Legal Custodial Mother <input type="checkbox"/> Legal Guardian of the minor applying and this is my authorization to the above Third Party Tester to administer a road skills test.	
I hereby declare with proof by documents presented that he/she was born on the _____ day of _____, 19 _____. I also declare by signature below, that information furnished by my minor and me is complete and correct.	
Signature of person authorized to sign in accordance with R.S. 32:407 NOTE: Only the domiciliary parent can sign if joint custody has been awarded.	
_____ Parent's Signature	_____ Parent's Printed Name
_____ License/ID No. of Parent/Guardian	_____ Examiner's Signature

Documents Verified: _____ _____ _____

Applicant's Signature	Date	Examiner's Signature	Date
Applicant's Printed Name	Date	Examiner's ID #	

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DISCLOSURE OF TERMS FOR APPLICANTS

By my signature below, I affirm that the following statements are true:

1. I understand that successfully completing and passing the road skills test through a Third Party Tester does not guarantee issuance of a driver's license by the Office of Motor Vehicles.
2. I understand that, at anytime, I can be retested by the Office of Motor Vehicles.
3. I understand that only the Examiner and I shall be allowed in the vehicle when a road skills test is being administered, except if I require an interpreter or the test is being supervised.
4. I understand that a Road Skills Test Certificate shall be issued to me upon successfully passing the road skills test approved by the Office of Motor Vehicles.
5. I understand the fee for a road skills test shall not exceed thirty dollars (\$30). This fee shall cover the cost of the original and one copy of the Road Skills Test Certificate. The original certificate, with the original signatures must be submitted to the Office of Motor Vehicles when I make application for a driver's license.
6. I understand the Third Party Tester's grievance procedure that has been disclosed to me. The Tester shall make every effort to resolve complaints. Any grievance(s) not resolved by the Tester may be forwarded to the Office of Motor Vehicles, Attention: CDL Consultant, P.O. Box 64886, Baton Rouge, LA 70896.
7. I understand the Third Party Tester's cancellation and refund policy.
8. I understand the standards of required behavior (including an absolute prohibition against cheating) and the consequences if these standards are violated.
9. I understand the Third Party Tester may administer the road skills test during inclement weather.

Applicant's Signature

Date

Applicant's Printed Name

Date

Parent's Signature
(If applicable)

Date