

Louisiana 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:	SCHOOL NUMBER:	DATE:
PLEASE ENTER THE FOLLOWING INFORMATION AS IT APPEARS ON THE ACCEPTABLE ID.		
NAME (LAST, FIRST, MIDDLE/MAIDEN, SUFFIX)		
ADDRESS (STREET/PO POX, CITY, STATE, ZIP)		
DATE OF BIRTH (MTH/DAY/YR)	PERMIT/DRIVER'S LICENSE NUMBER	LICENSE STATE
PARENTAL CONSENT - TO BE USED ONLY IF APPLICANT IS A MINOR (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 _____, 20____. 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

Applicant's Printed Name

Date

Examiner's Signature

Examiner's ID #

Date