Louisiana Department of Public Safety and Corrections

OFFICE OF MOTOR VEHICLES

CLASS "D" AND "E" DRIVER'S LICENSE ROAD SKILLS TEST

THIRD PARTY TESTER MONTHLY ROAD SKILLS REPORT

Facility/School	Tester/School #
Month	**Year**

Week of (mm-dd-yy)	Number of Tests Given	Number Passed	Number Failed
TOTALS:			

_____ _____

Owner Name or Signature Date

Please fill out the above information, attach a copy of the Monthly Road Skills Test Log (DPSMV2276) with the Vehicle Inspection Report (DPSMV2275) and file monthly. This form should be done at the end of the previous month for that month's Road Skills Tests.

Please stay current!

Do not send to the Training & Certification Unit.