

# Louisiana Department of Public Safety and Corrections

OFFICE OF MOTOR VEHICLES

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

### THIRD PARTY TESTER SIX MONTH ROAD SKILLS REPORT

School/ Tester	
School/Tester Number:	Year

*Check Months Reported*

1 <sup>st</sup> Six Months <input type="checkbox"/>	2 <sup>nd</sup> Six Months <input type="checkbox"/>	Number of Tests Given	Number Passed	Number Failed
January	July			
February	August			
March	September			
April	October			
May	November			
June	December			
<b>TOTALS</b>				

\_\_\_\_\_  
Owner Name or Signature

\_\_\_\_\_  
Date

Email this report to: [ladrivingschools@dps.la.gov](mailto:ladrivingschools@dps.la.gov)

**This information must be received by the 10<sup>th</sup> of JULY OR JANUARY**