

# 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:				
<b>PLEASE ENTER THE FOLLOWING INFORMATION AS IT APPEARS ON THE ACCEPTABLE ID.</b>						
NAME (LAST, FIRST, MIDDLE/MAIDEN, SUFFIX)						
ADDRESS (STREET/PO BOX, CITY, STATE, ZIP)						
DATE OF BIRTH (MTH/DAY/YR)	PERMIT/DRIVER'S LICENSE NUMBER	LICENSE STATE				
<b>PARENTAL CONSENT - TO BE USED ONLY IF APPLICANT IS A MINOR</b> (Check Appropriate Box)						
<p>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.</p> <p>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.</p> <p>Signature of person authorized to sign in accordance with R.S. 32:407 <b>NOTE: Only the domiciliary parent can sign if joint custody has been awarded.</b></p> <table border="0" style="width: 100%;"><tr><td style="width: 50%; border-bottom: 1px solid black;">Parent's Signature</td><td style="width: 50%; border-bottom: 1px solid black;">Parent's Printed Name</td></tr><tr><td style="border-bottom: 1px solid black;">License/ID No. of Parent/Guardian</td><td style="border-bottom: 1px solid black;">Examiner's Signature</td></tr></table>			Parent's Signature	Parent's Printed Name	License/ID No. of Parent/Guardian	Examiner's Signature
Parent's Signature	Parent's Printed Name					
License/ID No. of Parent/Guardian	Examiner's Signature					
<b>Documents Verified:</b>						
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Applicant's Signature

Applicant's Printed Name

Date

Examiner's Signature

Examiner's ID #

Date