



# REQUEST FOR VOLUNTARY SKILLS TEST

State Form 54748 (7-11)  
BUREAU OF MOTOR VEHICLES

**BUREAU OF MOTOR VEHICLES  
CREDENTIAL PROGRAMS**  
100 North Senate Avenue, Room N402  
Indianapolis, IN 46204

- INSTRUCTIONS:**
1. Complete in blue or black ink.
  2. Completed form must be submitted to a license branch and a skills test scheduled.
  3. Driver may receive a copy.

Name of Driver ( <i>last, first, middle initial</i> )		Driver Telephone Number (     )			
Address ( <i>number and street</i> )		City	State <b>IN</b>	ZIP Code	County
Date of Birth ( <i>mm/dd/yyyy</i> )	Driver's License Number		Date of License Expiration ( <i>mm/dd/yyyy</i> )		

**I am the above named driver requesting a skills test for the following reason:**

Please explain:

**I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.**

**I understand that failure of the skills test could result in my driving privileges being invalidated for up to one (1) year.**

Signature of Driver	Printed Name	Date ( <i>mm/dd/yyyy</i> )
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### DRIVER EXAMINER CERTIFICATION (*Internal Use Only*)

Skills Test Results	Does license need to be:
<b>Test 1</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Issued <input type="checkbox"/> Renewed <input type="checkbox"/> Amended
<b>Test 2</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	If <b>new restrictions</b> were added please list:
<b>Test 3</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	

### COMMENTS

**I, the undersigned examiner, depose and say upon my oath, that I administered a thorough skills test to the above named individual. I swear or affirm that the information I have entered on this form is correct. I understand making a false statement may constitute the crime of perjury.**

Signature of Driver Examiner	Printed Name	Date ( <i>mm/dd/yyyy</i> )
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