



OFFICIAL SKILLS TEST SCORE SHEET
STATE SKILLS TEST EXAMINER

State Form 54948 (R8 / 8-24)
 Indiana Bureau of Motor Vehicles
 The legal authority of this form is IC 9-24 and 140 IAC 4-4-11.

Name of Applicant (<i>first, middle, last</i>)		Customer UID	Age
Address (<i>number and street, city, state, and ZIP code</i>)			
Date (<i>mm/dd/yyyy</i>)	Branch Location	Telephone	Test Number

POINTS		POINTS	
A. PREPARING TO DRIVE		G. RAILROAD CROSSINGS	
** 1. Fails to use seat belt		** 1. Fails to check traffic before crossing	
2. Fails to place both hands on the steering wheel		** 2. Fails to obey required laws at a RR crossing	
3. Fails to use defroster and wipers (<i>if applicable</i>)		H. SCHOOL ZONE/SCHOOL BUS	
4. Fails to adjust seat/mirrors (<i>if applicable</i>)		** 1. Fails to obey posted speed limit/signs	
B. STARTING TO DRIVE		** 2. Passes school bus with stop arm out	
1. Fails to check traffic conditions		I. SAFETY POSITION-VEHICLES/TRAFFIC MANEUVERS	
2. Selects wrong gear or stalls engine		1. Tailgates too close to vehicle ahead	
3. Fails to release parking brake		2. Too close to parked vehicle/objects	
4. Fails to signal leaving curb		** 3. Straddles marked lanes/uses wrong lane	
C. SPEED		** 4. Drives too close to pedestrians or bicycles	
1. Too slow for conditions		** 5. Passing in a no passing zone or crossing a solid yellow line	
** 2. Excessive for conditions		** 6. Driving left of center of street/crosses yellow line	
** 3. Exceeds posted speed limit		** 7. Fails to pull over and stop for emergency vehicles	
D. VEHICLE OPERATION		8. Runs off roadway	
1. Uneven starts/stops and acceleration		** 9. Causing an accident during driving skills test	
2. Brakes unnecessarily		** 10. Fails to yield right of way	
E. STOPPING		J. LANE CHANGE	
1. Overruns crosswalk/stop line/stop sign		1. Fails to signal	
2. Waits too long at crosswalk/stop sign		2. Fails to check blind spot	
3. Fails to slow prior to stop/curve		3. Slows speed when changing lanes	
4. Stops too close to other vehicles		4. Leaves turn signal on after completed lane change	
5. Stops unnecessarily		K. PARKING/BACKING	
** 6. Fails to stop at stoplight		1. Stops in improper position	
** 7. Fails to stop at stop sign completely		2. Fails to center vehicle in parking space	
** 8. Disobeys traffic signal		3. Fails to check traffic	
F. TURNS		4. Backs too fast	
1. Fails to signal for turn		** 5. Backs over curb	
2. Fails to check traffic		** 6. Drives into parked vehicle	
3. Turns too fast/wide		L. OBSERVED BY EXAMINER DURING DRIVE TEST	
4. Drives over curb during turn		** 1. Fails to follow instructions	
** 5. Turns into or uses the wrong lane		** 2. Disobeys yield, stop, school zone or no turn on red sign	
6. Improper approach for left turn		** 3. Fails to react to hazardous driving conditions	
		** 4. Commits an unsafe act	
		TOTAL POINTS	

** - Automatic Failure -- Accumulation of 11 points or more equals failure

VERIFICATION OF STATE SKILLS TEST EXAMINER

As a Driver Examiner for the State of Indiana, I swear or affirm that I have given the above named applicant the complete skills test authorized by the Indiana Bureau of Motor Vehicles and the applicant received the following result.

Examiner's Signature	Examiner's Printed Name	Date (<i>mm/dd/yyyy</i>)
		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

It shall be within the discretion of the state skills test examiner to continue a drive test after a student has failed the drive test.

This page must be completed prior to giving the skills test.

Name of Applicant (<i>first, middle, last</i>)	UID:
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PRE-LICENSE AUTHORIZATION

Type of License (<i>check choice</i>)	Expiration Date (<i>mm/dd/yyyy</i>)
1. Learner's Permit with Driver Education Restriction	
2. Learner's Permit	
3. Expired Indiana License	
4. Out-of-State License	
5. Other (<i>explain</i>)	

Knowledge Test Results (*if applicable*):

VISION SCREENING RESULTS

	Left	Right
With Visual Aid	20/ _____ Peripheral _____ N _____	20/ _____ Peripheral _____ N _____
Without Visual Aid	20/ _____ Peripheral _____ N _____	20/ _____ Peripheral _____ N _____

PRE-TEST VEHICLE INSPECTION

License Plate Number	Vehicle Year
Vehicle Make	Color
1. Vehicle Properly Registered	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Turn Signals	Front Left:
	Rear Left:
3. Brake Lights (At Least 2)	Front Right:
	Rear Right:
4. Speedometer working	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Broken Glass/Mirrors	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Door Inoperative (inside/outside)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Unsafe Tires	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Windshield Wipers (if raining)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Interior Too Dirty	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Missing Bumper (front/rear)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Seat Belts	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Other	

Comments: