

**MICHIGAN DEPARTMENT OF STATE
Third Party Testing Program
Monthly Summary Report**

MONTH / YEAR: _____

ORGANIZATION NAME: _____ ORG. NO. _____

EXAMINER NAME: _____ EXAM. NO. _____

AUTOMOBILE SKILLS TESTS

This examiner did not conduct any automobile skills tests this month.

Number of automobile score sheets submitted	Number of failures by type			
	Document / other	Equipment	Basic control	On – road performance

COMMERCIAL DRIVER LICENSE SKILLS TESTS

This examiner did not conduct any CDL skills tests this month.

Number of CDL score sheets submitted	Number of failures by type				
	Document / other	Equipment	Vehicle Inspection	Basic control	On - road performance

MOTORCYCLE SKILLS TESTS

This examiner did not conduct any motorcycle skills tests this month.

Number of motorcycle score sheets submitted	Number of failures by type		
	Document / other	Equipment	Performance

Designated Representative: I reviewed this report and the test documents attached are accurate and complete to the best of my knowledge and belief.

DESIGNATED REPRESENTATIVE SIGNATURE

Reports must be postmarked or shipped within 10 days after the end of the month.

This is a corrected report. A corrected report replaces the previous report. Report the total number of tests for each testing discipline for the month.