

## SOS, Third Party Testing

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**From:** SOS, Third Party Testing  
**Sent:** Friday, October 21, 2011 1:36 PM  
**To:** SOS, Third Party Testing  
**Subject:** Important notice to third party testers  
**Attachments:** Monthly\_Summary\_Report\_TPT-090\_227487.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

The Monthly Summary Report (TPT-090) has been replaced with the version in the attached file. Please begin using the revised form to prepare your monthly reports. Discontinue using any other version of the form.

You must print the form on white paper with a "20-pound" rating. Do not use colored paper. The 20-pound rating, which refers to thickness and weight, is the most common copier and printer paper. The rating is also common in recycled paper. A standard thickness and weight paper is required because flimsy or stiff paper could jam the scanner.

The PDF file is also available on the Secretary of State website. On the website, you have the option to partially or fully complete the form before printing or downloading it.

**REMINDER:** The Monthly Summary Report and score sheets must be postmarked or shipped within 10 days after the end of the month.

Reply to this email or call (517)241-6850 if you have questions about the new form or how to use the form on the website.

Third Party Testing Section  
Driver Programs Division  
Michigan Department of State

**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.