

**MICHIGAN DEPARTMENT OF STATE**  
**Driver Testing Program**  
**Monthly Summary Report**

MONTH / YEAR: \_\_\_\_\_

DRIVER TESTING BUSINESS NAME: \_\_\_\_\_ BUSINESS 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.