www.dmvNow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

THIRD-PARTY EXAMINERS
MONTHLY REPORT OF EXAMINATIONS

TPT 567 (07/01/2007)

Purpose: Use this form to document test results.

Instructions: Type or print in ink. Maintain a copy for the company's files

GENERAL INFORMATION

MONTH BEGINNING DATE	MONTH ENDING DATE	PREPARED BY

COMPANY NAME	ADDRESS

EXAMINATION INFORMATION

CLASS AND ENDORSEMENTS	APPLICANT NAME	DMV CUSTOMER NUMBER	TEST DATE (mm/dd/yyyy)	PRE-TRIP INSPECTION		BASIC SKILL CONTROL		ON-ROAD		EXAMINER NAME AND EXAMINER NUMBER
				Pass	Fail	Pass	Fail	Pass	Fail	

SIGNATURE

THIRD-PARTY TESTER REPRESENTATIVE NAME (print)	
THIRD-PARTY TESTER REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)