

Commercial Driver License Skill Test Scheduling Fee Receipt

DEPARTMENT OF MOTOR VEHICLES Agency of Transportation

dmv.vermont.gov

120 State Street Montpelier, Vermont 05603-0001 802.828.2085 Toll Free: 888-99-VERMONT

Last Name, First Name & Middle	e Initial					
Mailing Address: (Where you ge	t your mail)					
City			State			ZIP
Physical Address						
City			State ZIP			ZIP
License #	Date of Birth (MM/DD/	YYYY) So	ocial Security Nur	I Security Number Daytime Pl		one Number
Visit mydmv.vermont.gov to schedule or cancel a test Road Test Scheduling Deposit is \$24.00						
Road Test Sche	duling Deposit i	S \$24.00				
☐ I choose not to mak	e a skills test deposit a	t this time.				
If an applicant does not ap Department of Motor Vehi	-		-		ess the app	plicant has given the
After passing the road test fees due to no-show can subsequent skills test will	cellations will be due at	this time. If y	ou appear for	the scheduled	-	•
Under penalty of perjury, I information on this form is of my knowledge—this do under penalties of 23 V.S.A.	accurate to the best eclaration is made	ature of Applic	ant			Date Signed
DMV USE ONLY						
Date Deposit Received:	Test Location:	Test Date:		Test Time:		Rater #

¹ A fee of \$24.00 shall be paid by the applicant before he or she may schedule a skills test. If an applicant does not appear for the scheduled skills test, the \$24.00 scheduling fee is forfeited, unless the applicant has given the Department of Motor Vehicles at least 48 hours' notice of cancellation of the test. If the applicant appears for the skills test, the \$24.00 scheduling fee for that test will be used as part of the test fee. Use of an interpreter is prohibited during the administration of the knowledge or skills tests.