

Commercial Driver License Skill Test Scheduling Fee Receipt

DEPARTMENT OF MOTOR VEHICLES Agency of Transportation

$\underline{dmv.vermont.gov}$

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

Last Name First Name Middle					
Mailing Address					
City				State	ZIP
Physical Address					
City				State	ZIP
License #	Date of Birth	Soc	cial Security Number	ber Daytime Phone Number	
Visit <u>r</u>	nydmv.vermo	nt.gov to	schedule or o	can	cel a test
Road Test Scheduling Deposit is \$29.00					
☐ I choose not to make	e a skills test deposit	at this time.			
If an applicant does not aphas given the Department				_	is forfeited unless the applica t.
	ellations will be due. If y	ou appear for th	ne scheduled test and		y outstanding skills test depos e skills test, a subsequent skil
Under penalty of perjury, I information on this form is a of my knowledge—this de under penalties of 23 V.S.A.	accurate to the best eclaration is made	nature of Applica	nt	·	Date Signed
DMV USE ONLY					
Date Deposit Received:	Test Location:	Test Date:	Test Time:		Rater #