**DRIVER TESTING RECORD**

Wisconsin Department of Transportation

MV3552 2/2018 s.343.16 Wis. Stats.

**Please Print Third Party Tester –** File this record at your primary place of business and maintain it for a minimum of 2 years.

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| --- | --- | --- | --- | --- |
| Driver Name - Last, First, Middle Initial | | | Driver License Number | |
| Address | | | CLP (Instruction Permit) Issue Date/Expiration Date | |
| City, State, ZIP Code | | | CLP Endorsements | |
| Area Code - Telephone Number | | | CLP Restrictions | |
| Employer Name | | | Email Address | |
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| TEST DATE | VEHICLE PLATE NUMBER | VEHICLE CLASS/TYPE | TRANSMISSION/BRAKES | EXAMINER NUMBER |
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| Tester Name | | | Tester Number | |
| Additional Comments | | | | |