DESF-2000-10
Issue 3

DRIVETEST
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TESTauVOLANT
Autorisé par le gouvernement de l'Ontario
Ontario

Classified Road Test Booking Form

Test Date: _____ **DriveTest Centre:** _____

School Name: _____ **School Phone:** _____

#	Class	Applicant's Name	Driver's Licence #			Notes	Confirmed

Completed By (Print Name) _____ Signature _____ Date _____

Notes: Faxes must be submitted 8 business days prior to the scheduled appointment date. The **booking fee** is applicable to all cancelled/ altered booking requests.
Road test fees will be forfeited for cancellations made within 48hrs of scheduled test time.