



Missouri Department of Revenue  
**Driving Skills Examination Report**

Driver Information

|  |  |                |
|--|--|----------------|
| First Name   | Last Name                                    | Middle Initial |
| License, Permit or Social Security Number (if known) | Date of Birth (MM/DD/YYYY)<br>____/____/____ | Sex (M or F)   |
| Address  |  |                |
| City   | State  | Zip Code       |

Record of Examinations

You have failed to pass a driving skills examination on three occasions as listed below.  
 You have failed to pass your  4th  5th  6th driving skills examination as listed below.  
 You may not take another driving skills examination until you receive written authorization from the Director of Revenue.

| Date (MM/DD/YYYY) | Examination Site | Road Results (if known) | Examiner Number |
|-------------------|------------------|-------------------------|-----------------|
| __/__/____        |                  |                         |                 |
| __/__/____        |                  |                         |                 |
| __/__/____        |                  |                         |                 |

Type of license applicant is testing for:  Class A  Class B  Class C  Class E  Class F  Class M  
 School Bus  Airbrake  Passenger  Endorsement or Qualification

Was this test court ordered?  No  Yes If yes, attach a copy of the court order.

Was this test required based on vision?  No  Yes If yes, attach a copy of the Vision Examination Report ([Form 999](#)).

Check the applicable skills test box on the back of the permit with a permanent marker.

Driver Examiner Comments and Information

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|          |                 |                    |
|----------|-----------------|--------------------|
| Examiner | Examiner Number | Date<br>__/__/____ |
|----------|-----------------|--------------------|

Instructions

**You must mail this notice to the Driver License Bureau at the address listed below.** The Driver License Bureau will advise you in writing of your requirements. Another driving skills examination will not be administered until you complete each of those requirements. **Any driver training completed prior to our notification will not be accepted.**

Distribution: White — Examinee Canary — Examiner

Form 4685 (Revised 09-2014)

**Mail to:** Driver License Bureau  
 P.O. Box 200  
 Jefferson City, MO 65105-0200

**Phone:** (573) 526-2407  
**Fax:** (573) 522-8174  
**E-mail:** [dlbmail@dor.mo.gov](mailto:dlbmail@dor.mo.gov)

Visit [www.dor.mo.gov/drivers/](http://www.dor.mo.gov/drivers/)  
 for additional information.

