



# Classified Road Test Booking Form

Test Date: \_\_\_\_\_

DriveTest Centre: \_\_\_\_\_

School Name: \_\_\_\_\_

School Phone: \_\_\_\_\_

School Fax #: \_\_\_\_\_

#	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.