



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

APPLICATION TO ADMINISTER WEB-BASED CLASS D KNOWLEDGE TEST

Name of Entity		Tax Identification Number	
Address of Administrative Office	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
Administrator's Name	Phone Number	Email Address	
Location of Web-Based Knowledge Test Administration		City	
Size of Space (square footage)	Number of Computers Available for Testing	Number of Tablets Available for Testing	

Schedule of Tests to be Offered:

How Many Times per Year	Times per Month	Times per Week	Times per Day	AM <input type="checkbox"/>	PM <input type="checkbox"/>
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Full Name of Proctor	Email Address	Phone Number	Minnesota Driver's License Number
Full Name of Proctor	Email Address	Phone Number	Minnesota Driver's License Number
Full Name of Proctor	Email Address	Phone Number	Minnesota Driver's License Number
Full Name of Proctor	Email Address	Phone Number	Minnesota Driver's License Number

Administrator's Signature:	Date
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Mail to Driver and Vehicle Services, 445 Minnesota Street, Suite 176, St. Paul, Minnesota 55101-5176,
or Email to driver.education@state.mn.us, or Fax to (651) 296-5316

For office use only: Date processed: _____ Approved by: _____
