



Minnesota Department of Public Safety
Driver and Vehicle Services

Application to Administer Web-Based 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	Static IP address (required)	

Hours of operation:

Days of week	Testing hours
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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	

Mail to Driver and Vehicle Services, 445 Minnesota Street, Suite 176, St. Paul, Minnesota 55101-5176,
or email to DVS.Proctor.Testing.DPS@state.mn.us

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