Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001
www.dmv.virginia.gov

Road Skills Testing -

VEHICLE OWNER AND APPLICANT ACKNOWLEDGEMENT

I acknowledge and agree to the following terms:

1. Vehicle Owner - Responsibility for the Vehicle:
   If the road skills test is terminated for any reason prior to returning to the DMV location, I am solely responsible for retrieving the vehicle at my own expense and risk.

   Owner's Name (Print): _____

   Owner's Signature _____ Date: _____

2. Applicant - Road Skills Test Transportation:
   I am solely responsible for arranging my own transportation in the event the test is terminated away from DMV premises.

   Applicant's Name (Print): _____

   Applicant's Signature _____ Date: _____

3. Liability and Indemnifications: I assume full responsibility for any damage, loss, or liability arising from the use of my vehicle during the road skills test. I agree to indemnify and hold harmless the Department of Motor Vehicles, its officers, employees, and agents from any claims, damages, or expenses resulting from the use of my vehicle for this purpose.

   Vehicle Owner's Name (Print): _____

   Vehicle Owner's Signature _____ Date: _____

Vehicle Information:

Make: _____

Model: _____

License Plate Number: _____