

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Date]
[Department of Motor Vehicles]
[Address]
[City, State, Zip Code]

Subject: Request to Schedule CDL Skills Test

Dear [DMV Official's Name],

I hope this letter finds you well. I am writing to request the scheduling of my Commercial Driver's License (CDL) skills test. I have completed all necessary prerequisites and am eager to move forward in obtaining my CDL. My details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- CDL Permit Number: [Your Permit Number]
- Desired Test Date: [Proposed Date]
- Alternative Test Dates: [Alternative Date 1], [Alternative Date 2]

Please let me know what dates are available for the skills test and any additional information required for the process. I appreciate your assistance and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,
[Your Name]