

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Department of Motor Vehicles/Driving Agency Name]
[Agency Address]
[City, State, Zip Code]
Subject: Appointment Confirmation for Driving Test
Dear [Recipient's Name],
I am writing to confirm my appointment for the driving test scheduled as follows:
Date: [Date of Driving Test]
Time: [Time of Driving Test]
Location: [Testing Location]
Please let me know if there are any specific documents or requirements I need to bring on the day of the test.
Thank you for your assistance.
Sincerely,
[Your Name]
[Your Signature (if sending a hard copy)]