

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

[Driving Test Office Name]  
[Office Address]  
[City, State, ZIP Code]

Dear [Driving Test Coordinator's Name],

Subject: Driving Test Scheduling Request

I am writing to request the scheduling of my driving test. My details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Permit Number: [Your Permit Number]
- Preferred Test Dates: [List two or three preferred dates and times]

I would appreciate your assistance in confirming my driving test appointment at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]