

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

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

Dear [Recipient's Name or "Scheduling Department"],  
I hope this message finds you well. 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]
- License Number (if applicable): [Your License Number]
- Preferred Test Date: [Your Preferred Date(s)]
- Preferred Test Time: [Your Preferred Time(s)]

Please let me know the available dates and times for the driving test. I  
appreciate your assistance in this matter, and I look forward to your  
prompt response.

Thank you for your attention.

Sincerely,  
[Your Name]