Michigan Department of State
Third Party Testing Program

APPLICANT SKILLS TEST CERTIFICATE ISSUANCE LOG

Date Issued_____ Examiner Name_____ Examiner #_____Org.#_____

Skills Test Cert. #	Applicant Name	Applicant D.L. / DE Certificate #	Issuance Date

TPT-102 (Rev 3/98-b) **Maintain a copy of this completed log at your place of business.**