



Test Results Processing

Driver License - Testing

2-21-2025

Revision History

Effective Date of SOP: 2/21/2025	SOP Number: SOP D.05
Functional Area Name: Driver License	Division Name: Testing
Last Review Date: 2/6/2025	Last Reviewer: Jaclyn McDuffey, Chief Product & Experience Officer
Next Review Date: 2/6/2026	Next Reviewer: Regional Managers
Executive Approval Date: 2/21/2025	Approved By: Jaclyn McDuffey, Chief Product & Experience Officer

Overview

These Standard Operating Procedures (SOP) explain how to record test results in D360 and CSTIMS.

Purpose

This SOP explains how to record test results in D360 and CSTIMS, in addition to visual examples of valid test certification from third-party examiners.

Policy Statement

This SOP applies to all Oklahoma residents that have attempted Written, Vision, or Skills Tests for any class of vehicle. It covers test results from both Service Oklahoma (SOK)-administered tests and by third-party examiners.

Compliance

N/A

Systems

D360 – System of record used for recording test results.
AutoTest – Legacy system for administering written tests and repository for written test results.
KNOW2DRIVE – System used for administering online and in-store written tests performed on computer, and repository for written test results.
CSTIMS – System of record used for recording CDL test results.

Roles

List the roles and functions of anyone involved in the operations described within this document.

Role	Responsibilities
Examiner	Inputs the test results.

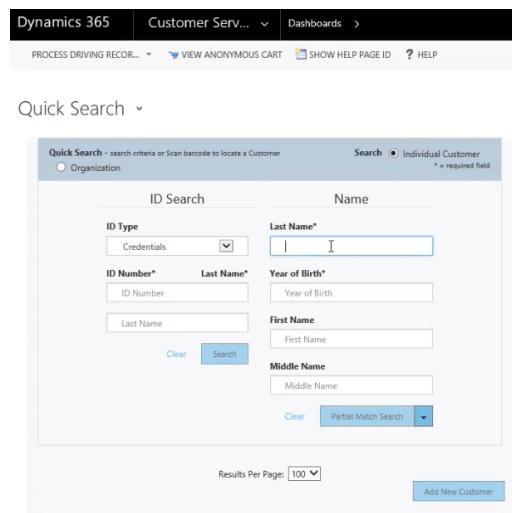
Entering Test Results in D360

The results of all Written, Vision and Skills Exams must be entered into D360 to ensure that they are documented in the customer's file. This includes both passes and fails—even if the customer did not pass the exam, it is vital that the **exact score** is recorded to ensure data quality.

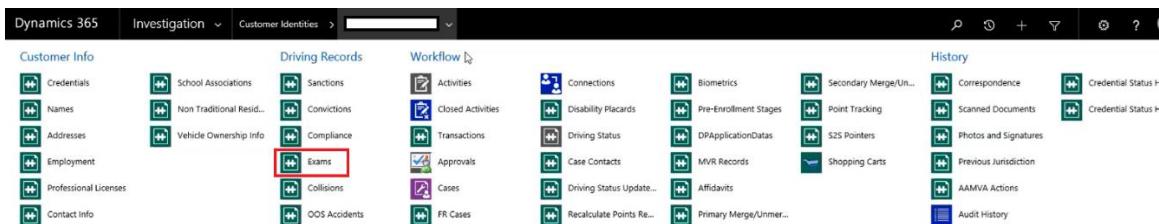
NOTE: If the tests were conducted at an external drive school, and not at an SOK location, the customer must present certification of their test score. This means a score report for written tests (see Appendix A for an example) or a DL18-DE for skills/vision tests (see Appendix B).

Steps

1. **Open D360.** Use Quick Search to find the customer's file, using their name and date of birth.



2. Click the customer's name at the very top to open a menu. Click on "Exams" under the "Driving Records" column.



3. The "Exams" tab will appear, with a list of exams that the customer has previously taken. Click the drop-down menu at the top, and select the test that results are being recorded for.

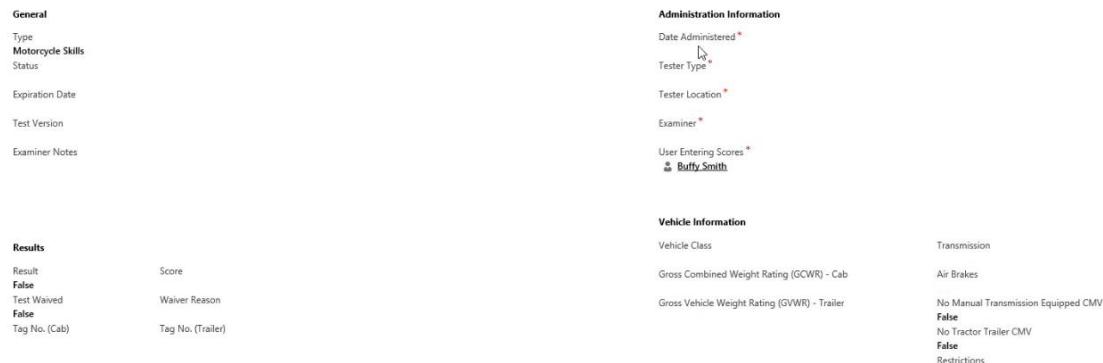
Exams



Type	Result	Required	Waive	Waive Reason	Date	Expiration Date	Status Reason	Third Party Flag
Standard Skills	Waive	No	Yes	Out of State License	1/30/2025 12:0...	1/30/2026 12:00 AM	Active	No
Standard Driving Basic Law	Waive	No	Yes	Out of State License	1/30/2025 12:0...	1/30/2026 12:00 AM	Active	No

4. A new window will appear with several empty fields. Fill in all relevant information, including the date the test was administered, the type of test, the code for the location where the test was administered, and the badge number of the examiner.

Test Information



General		Administration Information	
Type	Motorcycle Skills	Date Administered *	<input type="text"/>
Status		Tester Type *	<input type="text"/>
Expiration Date		Tester Location *	<input type="text"/>
Test Version		Examiner *	<input type="text"/>
Examiner Notes		User Entering Scores *	<input type="text"/>
			<input type="text"/> Buffy.Smith
Results		Vehicle Information	
Result	Score	Vehicle Class	Transmission
False		Gross Combined Weight Rating (GCWR) - Cab	Air Brakes
Test Waived	Waiver Reason	Gross Vehicle Weight Rating (GVWR) - Trailer	No Manual Transmission Equipped CMV
False			No Tractor Trailer CMV
Tag No. (Cab)	Tag No. (Trailer)		False
			Restrictions

This form will also ask for the result of the test and the score. Make sure to enter the **exact score** of the test, regardless of whether the customer passed or failed.

5. Click “Save & Close” at the top. If there are any additional tests that need to be recorded, repeat the previous step.

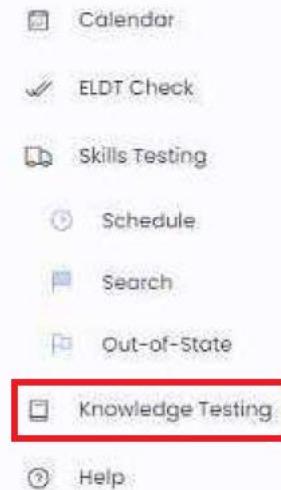


Entering (Written) Test Results in CSTIMS

The results of all CDL written tests must also be entered into CSTIMS.

Steps

1. Open CSTIMS. Click on the “Knowledge Testing” tab, and then the “Record” tab.



2. Enter the customer's personal information and search for their file. Make sure to enter “Oklahoma” for the state of domicile.
3. If the customer exists in the database, their name will appear in the search results. Click on the edit icon to the left of their name to update their information.



A screenshot of the CSTIMS search results page. It shows a search form with fields for First Name (John), Last Name (Williams), Date of Birth (06/01/1997), and State of Domicile (Oklahoma). Below the form, a table lists search results. The first result in the table has an 'Edit' icon (a blue circle with a white edit symbol) to its left, which is highlighted with a blue circle. The table also includes columns for First Name, Last Name, Date of Birth, Address, City, and Zip Code. At the bottom, there are buttons for 'Create' and 'Search', and a message indicating 1-2 of 2 records.

NOTE: If the customer's file does not appear in the search, double-check that their full name and date of birth are correct. If their entry cannot be found, click the “Create” button next to “Search” to create a new file.

4. Enter the results for each test into the customer's file. Make sure to click “Save” at the bottom of the page after all results have been recorded.



Test Type	Test Date	Test Score	Result
General	06/21/2022 <input type="button" value="Calendar"/>	100	Pass
Passenger	mm/dd/yyyy <input type="button" value="Calendar"/>		
School Bus	mm/dd/yyyy <input type="button" value="Calendar"/>		
Air Brakes	06/21/2022 <input type="button" value="Calendar"/>	100	Pass
Combination Vehicle	06/21/2022 <input type="button" value="Calendar"/>	100	Pass
Double-Triples	mm/dd/yyyy <input type="button" value="Calendar"/>		
Hazardous Materials	mm/dd/yyyy <input type="button" value="Calendar"/>		
Tank Vehicle	mm/dd/yyyy <input type="button" value="Calendar"/>		

5. If processing a CDL credential issuance, make sure to print a copy of the test results from the knowledge record. These results must be scanned to prove that the test results were properly entered into CSTIMS.

Appendix

Appendix A: Written Test Score Report

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The percentage score and outcome for the certification completed are listed below. This report serves as an official record of the score achieved.

Score Report

Assessment Name	Class D Driver License - 5403	First Name
Date/time finished	Feb 23 2023 14:02:16	Last Name
Percentage score	90%	Participant group
Assessment outcome label	Pass	Result ID

Topics

Learning Objective	Questions
└ DPS\Class D\Alcohol	1
Comparison % #	
└ Score 100% 1/1	
└ DPS\Class D\General	16
Comparison % #	
└ Score 88% 14/16	
└ DPS\Class D\Motorcycle-Bicycle	1
Comparison % #	
└ Score 100% 1/1	
└ DPS\Class D\Signs	2
Comparison % #	
└ Score 100% 2/2	

Questions
No information is selected to be displayed. Select "Edit Settings" from the "Options" link to select some.

Coordinator Signature Blumer Date 2/23/23 Examinee
Signature _____ Date _____ CareerTech Testing
Center, Copyright 2020-2022



Appendix B: DL18-DE Form



Service Oklahoma
Driver License Services Division
OKLAHOMA DRIVER LICENSE APPLICATION DL-18DE

Date: _____	DL #: _____	Issue Date: _____	Restrictions: _____
Last Name: _____		First: _____	MI: _____
Mailing Address: _____		City: _____	State: _____ Zip: _____
Residence Address: _____		City: _____	State: _____ Zip: _____
Date of Birth	Sex	Driver Education School (required if under 16.5 years old)	Parent-taught SOK Control #
TEST RESULTS	Score	DE Name & Badge #	Date of Exam
TEST # _____			Time of Exam

TO BE COMPLETED BY APPLICANT

1. Where is your place of birth (country)? _____
2. Are you a resident of the State of Oklahoma? _____
3. Are you currently or have you ever been licensed in another state or country? _____ If yes, list all states and/or countries from the previous 10 years _____
4. Is your driving privilege now or has it ever been SUSPENDED, REVOKED, CANCELED OR DENIED in any state or country? _____
If yes, when? _____ where? _____
5. Are you now addicted to any drug or have you received treatment for alcohol or drug addiction within the last year? _____
6. Do you have any of the following (circle those which apply): Diabetes, Epilepsy, blackouts, fainting spells, heart disease, a current mental health disorder, amputation, paralysis, Muscular Dystrophy, Cerebral Palsy, Parkinson's, or loss of memory; or do you have any other type of medical condition which may affect your ability to safely operate a motor vehicle? _____ If yes, please explain. _____
7. Are you deaf or hard of hearing? _____ Do you wear a hearing aid? _____
8. Do you wear corrective lens or have any type of progressive eye disease or injury (such as glaucoma, diabetic retinopathy, macular degeneration, etc)? _____

NOTICE:	It is a felony to knowingly make any false statement on this application and that any violation is punishable by both fine and/or imprisonment.
NOTICE:	State law requires persons convicted of sex offenses who are relocating in this state to register with the Oklahoma Department of Corrections within 1 day and local law enforcement within 3 days.
NOTICE:	I understand that my social security number will be kept on file in accordance with the Federal Welfare Reform Act.

I understand that if any requirements are not met, this driving test and any written test taken during time of disqualification shall be null and void and I must retake my test and meet all qualifications before obtaining my permit.

Applicant signature _____

TO BE COMPLETED BY DESIGNATED

I CERTIFY THE APPLICANT: HAS PASSED THE CLASS-D SKILLS TEST _____

I certify the foregoing applicant has satisfactorily completed the prescribed courses and has met all knowledge and skill requirements for the operation of the class of vehicle indicated. All information has been verified and approved by the undersigned Designated Examiner. I further certify that I am aware that it is a felony to falsify any information required to be entered by me.

Designated Examiner Signature _____

Badge # _____ Date _____

School: _____

THIS DOCUMENT IS NOT A LICENSE TO DRIVE

(Designated Examiner Seal)

SOK V-1 11/4/2024



CLASS D ROAD TEST # _____

Starting	1			Right of Way	2	6	
				Legal Stop	2	6	
Parallel Park	1	3		Lights and Signs	1		
Hill Park	1	3		Signals	4	6	8
Transmission (Auto/Std)	1			Lane Usage			
Brake				1. Left Turn	4	6	8
1. Park Brake	1			2. Right Turn	4	6	8
2. Other	2	6		3. Other	2	4	
Control of Speed	2	6	10	Observation			
GAP Selection	2	6		1. Intersection	4	6	10
Driver Alertness	2	6		2. Other	4	6	10
				Final Park	1		

Date _____ Vehicle _____ Tag _____ Testing Location _____

Visual Acuity: Left Right Both Without Lens: 20/ 20/ 20/ With Lens: 20/ 20/ 20/

Field of Vision:

PASS FAIL

TEST RESULTS:

PASS FAIL

Date	Score (Pass/Fail)