



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

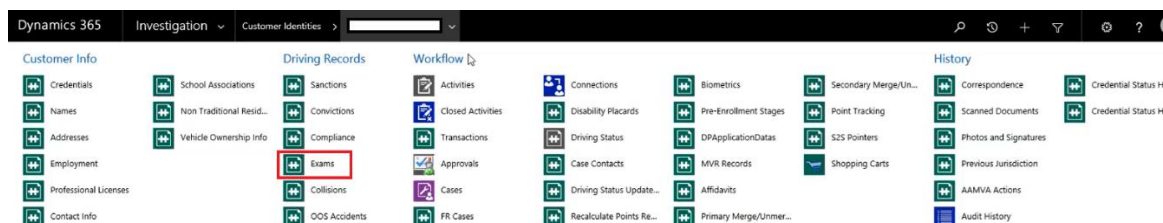
The results of all Written, Vision and Skills Exams must be entered into D360 to ensure that they are documented in the customer's file. This includes both passes and fails—even if the customer did not pass the exam, it is vital that the **exact score** is recorded to ensure data quality.

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](#)

Motorcycle Basic Law
Add

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

- 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

Type
Motorcycle Skills
Status
Expiration Date
Test Version
Examiner Notes

Results

Result
False
Test Waived
False
Tag No. (Cab)
Score
Waiver Reason
Tag No. (Trailer)

Administration Information

Date Administered *
Tester Type *
Tester Location *
Examiner *
User Entering Scores *
Buffy Smith

Vehicle Information

Vehicle Class
Transmission
Gross Combined Weight Rating (GCWR) - Cab
Air Brakes
Gross Vehicle Weight Rating (GVWR) - Trailer
No Manual Transmission Equipped CMV
False
No Tractor Trailer CMV
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.

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

Dynamics 365
Investigation
Transactions
New Application Data

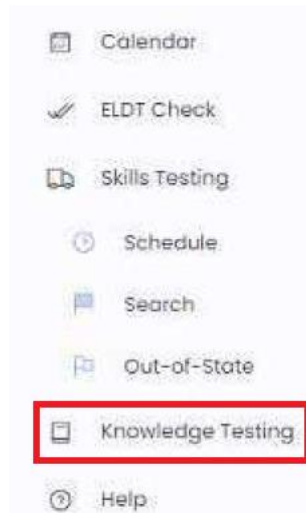
SAVE
SAVE & CLOSE
+ NEW
SHOW HELP PAGE ID
? HELP
PRINT RECORD
CLOSE FORM

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.

First try searching for the applicant. If found, you can edit the applicant's test results. If not found, you will have the option to create the applicant.

First Name: Last Name: Williams

Date of Birth: 06/02/1997 State of Domicile: Oklahoma

	First Name	Last Name	Date of Birth	Address	City	Zip Code
	[REDACTED]					
	[REDACTED]					

25 Displaying 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	100	Pass
Passenger	mm/dd/yyyy		
School Bus	mm/dd/yyyy		
Air Brakes	06/21/2022	100	Pass
Combination Vehicle	06/21/2022	100	Pass
Double-Triples	mm/dd/yyyy		
Hazardous Materials	mm/dd/yyyy		
Tank Vehicle	mm/dd/yyyy		

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



The Provider of Online Testing Solutions

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

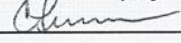
Assessment Name	Class D Driver License - 5403	First Name	
Date/time finished	Feb 23 2023 14:02:16	Last Name	
Percentage score	90%	Participant group	TTC46 - DPS
Assessment outcome label	Pass	Result ID	594840178

Topics

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

Questions

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

Coordinator Signature  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 drive 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)