

COMPANY NAME: \_\_\_\_\_ DRIVER NAME: \_\_\_\_\_

## ROAD TEST AND CERTIFICATE

*\*Required for Non-CDLs, recommended for all drivers - Provide a copy to the driver certified.*

Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Driver Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

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### ROAD TEST

	<u>Pass/Fail</u>
Pre-trip Inspection per 392.7:	P / F
Coupling and Uncoupling, if applicable:	P / F
Placing the CMV in operation	P / F
Use of the CMV controls and emergency equipment	P / F
Operating the commercial motor vehicle in traffic and while passing other motor vehicles	P / F
Turning the motor vehicle	P / F
Braking, and slowing the commercial motor vehicle by means other than braking	P / F
Backing and parking the commercial motor vehicle	P / F

OVERALL: PASS / FAIL

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Type of vehicle: \_\_\_\_\_

Approximate distance of road test: \_\_\_\_\_

This is to certify that the above-named driver was given a road test under my supervision. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle list above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date