

CERTIFICATION OF ROAD TEST

Driver's Name _____

Social Security No. _____

Operator's or Chauffeur's License No. _____

_____ State _____

Type of Power Unit _____

Type of Trailer(s) _____

If Passenger Carrier, Type of Bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____

20 _____ consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of examiner

Title

Organization and address of examiner

CERTIFICATION OF WRITTEN EXAMINATION

This is to certify that the person whose signature appears below has completed the written examination under my supervision.

Signature of person taking examination

Date of examination

Location of examination

Signature of examiner

Title of examiner

Organization and address of examiner