## **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.
to operate safety the type of commercial motor vehicle listed above.
Signature of examiner Title
Organization and address of examiner
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