

# 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