

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 _____

_____ 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.

(Carrier Official Signature)

(Date)

(Name of Carrier)