CERTIFICATION OF ROAD TEST

_____

First Name Last Name

Social Security Number: _____

_____ _____ _____

(Expiration Date) (License Number) (State in Which Licensed)

This certifies that the driver named above has completed a road test under my supervision.

Date given_____

Aprox. miles driven _____

Type(s) of tractors _____

Type(s) of trailers _____

Type(s) of Bus _____

_____ _____

(Signature of examiner) (Title)