

Driver's Road Test Examination

Driver's Name: _____ Driver's License No.: _____

Driver's Address: _____ Phone No.: _____

City: _____ State: _____ Zip: _____

Equipment Type:	
Examiner:	Unit No.:

***The road test shall be given by the motor carrier or a person designated by the carrier. However, a driver who is also a motor carrier must be given the test by another individual. The test shall be given by a person who is competent to evaluate & determine whether the person who takes the test has demonstrated that he/she is capable of operating the vehicle & associated equipment that the motor carrier intends to assign to the driver. ***

Satisfactory Unsatisfactory Not Tested

- | | Satisfactory | Unsatisfactory | Not Tested | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pre-Trip Inspection (as required by Section 392.7) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Coupling/uncoupling of combination units (if equipment driven may include combination units) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Placing equipment in operation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Understanding of equipment controls, switches & gauges |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Use of vehicle's emergency equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Operating the vehicle in traffic & while passing other vehicles. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Turning the vehicle |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Braking & slowing the vehicle by means other than braking |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Backing & parking the vehicle |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

REMARKS:

Examiner's Signature: _____ Date: _____

If road test is successfully completed, the examiner shall complete a certificate of driver's road test.