

CERTIFICATION OF ROAD TEST

Driver's Name: _____

Operator's License No.: _____

State: _____

If passenger carrier, type of vehicle: _____

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)