

Longer Combination Vehicle (LCV) Driver-Training Certificate of Grandfathering

I certify that _____ has presented evidence of meeting the prerequisites set forth in the Federal Motor Carrier Safety Regulations (49 CFR 380.111) for the substitute for LCV driver training and is qualified to operate the LCVs indicated below:

YES **NO**

LCV Doubles

LCV Triples

DRIVER NAME (First name, MI, Last name)

Commercial Driver's License Number

STATE

ADDRESS OF DRIVER (Street Address, City, State, and Zip Code)

FULL NAME OF MOTOR CARRIER

Telephone Number

ADDRESS OF PRINCIPAL PLACE OF BUSINESS (Street Address, City, State, and Zip Code)

SIGNATURE OF MOTOR CARRIER OFFICIAL

DATE ISSUED