

Longer Combination Vehicle (LCV) Driver-Training Certificate

I certify that _____ has presented evidence of meeting the training prerequisites set forth in the Federal Motor Carrier Safety Regulations (49 CFR 380.203(a) and 380.205(a)) for LCV training, and has successfully completed the LCV Driver-Training Course(s) indicated below:

YES	NO	LCV Doubles	_____
<input type="checkbox"/>	<input type="checkbox"/>		Date Training Completed
<input type="checkbox"/>	<input type="checkbox"/>	LCV Triples	_____
			Date Training Completed

I certify that the indicated LCV Driver-Training Course(s) was/were provided by a qualified LCV driver-instructor as defined under 49 CFR 380.105 and meet(s) the minimum requirements set forth in 49 CFR Part 380, Subparts A and B.

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 TRAINING ENTITY

Telephone Number

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

SIGNATURE OF TRAINING CERTIFYING OFFICIAL

DATE ISSUED