## **CERTIFICATION OF ROAD TEST**

Driver's name:
Social Security Number:
Operator's or Chauffeur's License No.: State:
Type of power unit:
Type of trailer(s):
If passenger carrier, type of bus:
This is to certify that the above-named driver was given a road test under my supervision on: / / 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 of Examiner:
Address of Examiner:
City: State: Zip Code: