



EMPLOYER TESTING PROGRAM COMMERCIAL DRIVING PERFORMANCE EVALUATION ROUTE AND DIRECTIONS

- INSTRUCTIONS:**
- Complete form(s) for each route.
 - Attach copy of street map highlighting the route.
 - All scored maneuvers must be numbered.
 - Retain in employer files after approval signatures are obtained.
 - Any revisions to the route must be approved by DMV.

EMPLOYER	EMPLOYER NUMBER	MILEAGE	APPROXIMATE TIME TO COMPLETE
TESTING FACILITY (COMPLETE ADDRESS)	EMPLOYER'S ADMINISTRATOR'S SIGNATURE		DATE APPROVED

<input type="checkbox"/> PRIMARY ROUTE <input type="checkbox"/> ALTERNATE ROUTE	DMV APPROVED ROUTE NUMBER	DMV ROUTE NUMBER CERTIFIER'S SIGNATURE	DATE APPROVED
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#	MANEUVER	LOCATION	COMMENTS	DIRECTION POINT	DIRECTIONS

EMPLOYER NUMBER

PRIMARY ROUTE

ALTERNATE ROUTE

DMV DATE APPROVED

#	MANEUVER	LOCATION	COMMENTS	DIRECTION POINT	DIRECTIONS

EMPLOYER NUMBER

PRIMARY ROUTE

ALTERNATE ROUTE

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#	MANEUVER	LOCATION	COMMENTS	DIRECTION POINT	DIRECTIONS

EMPLOYER NUMBER

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EMPLOYER NUMBER

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