STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

EMPLOYER TESTING PROGRAM
EXAMINER DRIVER TESTING LOG

EXAMINER NAME	EXAMINER DRIVER LICENSE NUMBER	CHECK CLASS OF LICENSE	ENDORSEMENTS
		☐ A ☐ B ☐ B15 ☐ B16	☐ TH ☐ P ☐ N ☐ X

ADDRESS	TELEPHONE NUMBER
	( )

CITY	STATE	ZIP CODE

DRIVER NAME	DRIVER'S DL #	EMPLOYER'S NAME	DATE OF DRIVING TEST	PASSED	FAILED
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