

EMPLOYER TESTING PROGRAM EXAMINER DRIVER TESTING LOG

| EXAMINER NAME | EXAMINER DRIVER LICENSE NUMBER | CHECK CLASS OF LICENSE | ENDORSEMENTS | | |
|---------------|--------------------------------|------------------------|------------------|--|--|
| | | □ A □ B □ B15 □ B16 | | | |
| 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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