



## 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
#	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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