

DRIVER APPLICATION / APLICACIÓN DE CHOFER

Name / Nombre : Shawn Ho Sang Date / Fecha : 12/18/23
 Company applying to / Compañía a que aplica : Roy Salmon LLC

Per FMCSA's 391.23 (Investigation and inquiries), subpart (J): (Driver) I understand that I have the right to: Review information provided by current/previous employers; Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap. / En cumplimiento con las leyes federales y estatales de igualdad de empleo, aplicantes calificados son considerados para empleo sin distinción de raza, color, religión, sexo, origen, edad, estado civil, o la presencia de salud física no relacionada con este empleo.

Position(s) applied for / Posición a que aplica : Driver Referred by / Referido por : _____
 Social Security / Seguro Social : 705-32-5079 Date of Birth / Fecha de Nacimiento : 01/23/93
 Address / Dirección : 9702 Southall Rd Apt 201
 City / Ciudad : Randallstown State / Estado : MD Zip / Código Postal : 21133
 CDL / CDL : H-252-765-001-062 CDL Expiration / Expiración de CDL : _____
 Home / Hogar : _____ Work / Trabajo : _____
 Cell / Celular : 443-450-8111 Email / Email : hosangtrucking@gmail.com
 Emergency Contact / Contacto de Emergencia : Shantavia Ho Sang Tel. / Tel. : 646-400-9797

ADDRESS FOR PAST 3 YEARS / DIRECCIÓN PASADOS 3 AÑOS

1. Address / Dirección : 970 Southall Rd Apt 201
Randallstown MD 21133 How long / Tiempo : 6 years
 2. Address / Dirección : _____
 _____ How long / Tiempo : _____

Do you have the legal right to work in the U.S. / Usted esta autorizado para trabajar en EU? ☒ Yes / Si ☐ No
 Are you presently working / Usted esta actualmente trabajando? ☒ Yes / Si ☐ No
 If not, how long since last job / Si no, que tiempo hace desde su ultimo trabajo? 1 week

PHYSICAL HISTORY / HISTORIA FISICA

Do you have any physical condition which may limit your ability to perform the job applied for /
Tiene usted alguna condición física que limite su capacidad de cumplir con su trabajo?

Yes / Si **No**

Have you ever tested positive for drugs or alcohol as a commercial driver /
Usted ha salido positivo en una prueba de drogas o alcohol como un chofer comercial?

Yes / Si **No**

If yes, when / Si, cuando :

Please explain / Por favor explique :

EXPERIENCE AND QUALIFICATIONS - DRIVER / EXPERIENCIA Y CALIFICACIONES - CHOFER

| | STATE / ESTADO | LICENSE NO. / NO. DE LICENCIA | TYPE / TIPO | EXPIRES / EXPIRA |
|----------------------------------|----------------|-------------------------------|-------------|------------------|
| DRIVER'S LICENSES / LICENCIAS | MD | H-252-765-001-062 | | 01/23/25 |
| | | | | |
| | | | | |

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle /
Alguna vez le han cancelado su licencia, permiso de manejar?

Yes / Si **No**

B. Has any license, permit or privilege ever been suspended or revoked /
Alguna vez le han suspendido o revocado su permiso de manejar?

Yes / Si **No**

(If YES to either A or B, attach statement giving details / Si ha contestado "SI" a la pregunta "A" o "B" explique las razones)

Commercial Motor Vehicle Driver Since :

07/08/19

Years of Commercial Motor Vehicle experience :

4 years

Below, please list the type of Commercial Motor Vehicle experience you have had:

- ☒ Dry Van Truck
- ☒ Tractor-Semi Trailer
- ☒ Reefer
- ☒ Flatbed Truck
- ☐ Dump Truck
- ☐ Tank Truck
- ☐ Beverage Truck
- ☐ Bucket/Boom Truck
- ☒ Cab & Chassis Truck
- ☒ Cabover Truck

- ☒ Car Carrier Truck
- ☐ Crane Truck
- ☐ Transfer Truck
- ☐ Expeditor/Hot Shot
- ☐ Farm/Grain Truck
- ☐ Fire Truck
- ☐ Fuel/Lube Truck
- ☐ Logging Truck
- ☒ Low Boy
- ☐ Mixer: Asphalt/Concrete

- ☐ Off-Highway
- ☐ Passenger Bus
- ☐ Plow Truck
- ☐ Refuse Hauler
- ☐ Roll-back Tow Truck
- ☐ Salvage Truck
- ☐ Service: Utility/Mechanic Truck
- ☐ Toter Truck
- ☐ Tractor
- ☐ Wrecker Tow Truck

ACCIDENT RECORD / LISTA DE ACCIDENTES

Accident record for past 3 years. Attach sheet if more space is needed / Lista de accidentes en que se haya visto envuelto en los últimos 3 años :

| | DATE / FECHA | TYPE OF ACCIDENT / TIPO DE ACCIDENTE | FATALITIES / MUERTOS | INJURIES / HERIDAS |
|------------------------|--------------|--------------------------------------|----------------------|--------------------|
| ACCIDENT / ACCIDENTE 1 | 7/5/22 | Rear End | | No |
| ACCIDENT / ACCIDENTE 2 | | | | |
| ACCIDENT / ACCIDENTE 3 | | | | |

Traffic convictions and forfeitures for the past 3 years (other than parking violations) /
Violaciones de tránsito en los últimos 3 años (violaciones que no sean de parqueo) :

| LOCATION / LUGAR | DATE / FECHA | CHARGE / TIPO DE MULTA | PENALTY / PENALIDAD |
|------------------|--------------|------------------------|---------------------|
| | | | |
| | | | |
| | | | |

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. As a commercial CDL driver I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

PARA SER LEIDO Y FIRMADO POR EL APLICANTE

Esto certifica que esta aplicación a sido completada por mí, y que toda la información dada aquí a mi entender es correcta. Yo autorizo a que se investigue mi pasado medico, de empleado, historia de manejo y violaciones y otras cosas que sean relacionadas a este empleo que estoy siendo considerado como chofer comercial CDL. Si soy contratado entiendo que puedo ser despedido si yo e proveido información falsa en esta aplicación. Tambien entiendo que estoy requerido a obedecer las regulaciones de esta compañía permitidas por la Ley.



Signature / Firma :

Date / Fecha :

01/18/23

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Proy Salmon LLC for purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

**SIGN
HERE** ▶

Driver's Signature : [Signature]

Date : 12/18/23

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the driver named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

**SIGN
HERE** ▶

Requester's Signature : [Signature]

Date : 12/18/23

TO WHOM IT MAY CONCERN:

The following named person has applied with us for the position of DRIVER. As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Name of Applicant : Sham Ho-Sang

Address : 9702 Southall Rd 201

City, State, Zip : Randallstown MD, 21133

Former Address : _____

City, State, Zip : _____

Date of Birth : 01/23/93

Social Security No. : 705-32-5079

License No. : _____

REQUESTED BY:

Name : Sham Ho-Sang

Title : Driver

**SIGN
HERE** ▶

Signature : [Signature]

AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION

For as long as I am operating for the under named carrier company, I the undersigned, have authorized The Simplex Group, its agents and representatives, to obtain the following information:

- Past Employment References (skills, behavior, experience, drug & alcohol tests) (as per Section 391.23)
- Driving Record History
- Criminal Background Records

I understand that any information obtained as a result of this release will be provided to the under named carrier company for hiring eligibility based on DOT regulation under part 391 of 49CFR.

Driver : Shawn Ho Sang Company : Roy Salmon
 Social Security # : 705-32-5079 CDL # : H-252-765-001-062
 Address : 9702 Southall RD 201 City : Randallston State : MD Zip : 21133
 SIGN HERE Signature : [Signature] Date : 12/18/23

AUTORIZACION PARA OBTENER INFORMACION DE RECORDS

Yo el abajo firmante autorizo a The Simplex Group, sus agentes, representantes, como también a la compañía de transporte la siguiente información. Esta autorización estará vigente mientras yo este operando para la compañía de transporte mencionada en esta forma.

- Past Employment References (skills, behavior, experience, drug & alcohol tests) (as per Section 391.23)
- Driving Record History
- Criminal Background Records

Yo entiendo que cualquier información obtenida como resultado de esta autorización será dada a la compañía transportista para la cual yo estoy aplicando. El resultado será usado para determinar la aprobación de su aplicación basada en la regulación de DOT bajo parte 391 de 49CFR.

Chofer : _____ Compañía : _____
 Seguro Social : _____ CDL : _____
 Dirección : _____ Ciudad : _____ Estado : _____ Zip : _____
 SIGN HERE Firma : _____ Fecha : _____

DRIVER WORK HISTORY / HISTORIA DE TRABAJO DE CHOFER

Name / Nombre : Shawn Ho Sang Date / Fecha : 12/18/23

Company applying to / Compañía a que aplica : Roy Salmon

WORK HISTORY / HISTORIA DE TRABAJO

All drivers' applicants to drive in intra or interstate commerce must provide the following information on all work during the preceding 10 years. Please complete the following, by date order including those date periods in which you were not working, or worked as a sole proprietor. / Todos los chóferes que aplican a manejar vehículos comerciales en el estado o fuera del estado, tienen que proveer la siguiente información relacionada a sus trabajos anteriores. Por favor complete la siguiente información en orden cronológico incluyendo los periodos de tiempo en que usted estuvo desempleado, o trabajo por cuenta propia.

Which is the exact date of your first job in the US / Cual es la fecha exacta en que comenzó a trabajar en EE.UU.?

Date / Fecha : 07/19

Please list your work history beginning with the most recent / Por favor indique su historia de trabajo comenzando por el más reciente.

Date / Fecha : From / Desde : 07/19 To / Hasta : 09/21

☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☐ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☐ YES / SI ☐ NO

Company / Compañía : Quality Custom Distribution Position Held / Posición : Driver

Address / Dirección : 1200 Claybrick RD
Capitol Heights MD 20743 Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : _____

Phone / Teléfono : _____ Fax / Fax : _____



Signature / Firma : [Signature]

Date / Fecha : 12/18/23

Date / Fecha : From / Desde : 09/21 To / Hasta : 09/22

☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☒ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☒ YES / SI ☐ NO

Company / Compañía : Metropolitan Transport LLC Position Held / Posición : Driver

Address / Dirección : 715 Frederick RD Ste 4 Reason for Leaving / Razón de Renuncia :
Catonsville MD 21228

Contact Person / Supervisor :

Phone / Teléfono : Fax / Fax :

Date / Fecha : From / Desde : 08/16/22 To / Hasta :

☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☒ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☒ YES / SI ☐ NO

Company / Compañía : Ray Salma LLC Position Held / Posición : Driver

Address / Dirección : 4737 Eustice RD Reason for Leaving / Razón de Renuncia :
Randallstown MD 21133

Contact Person / Supervisor :

Phone / Teléfono : Fax / Fax :

**SIGN
HERE**

Signature / Firma : [Signature]

Date / Fecha : 12/18/23

Date / Fecha : From / Desde : 5/30/23 To / Hasta : 12/11/23

☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☒ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☒ YES / SI ☐ NO

Company / Compañía : Scaffold Resources LLC Position Held / Posición : Driver

Address / Dirección : 9813 Lanham Severn Rd Reason for Leaving / Razón de Renuncia :
Lanham MD

Contact Person / Supervisor :

Phone / Teléfono : Fax / Fax :

Date / Fecha : From / Desde : To / Hasta :

☐ Unemployed / Desempleado ☐ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☐ YES / SI ☐ NO

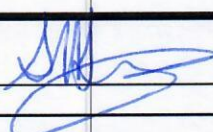
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☐ YES / SI ☐ NO

Company / Compañía : Position Held / Posición :

Address / Dirección : Reason for Leaving / Razón de Renuncia :

Contact Person / Supervisor :

Phone / Teléfono : Fax / Fax :

 SIGN HERE Signature / Firma : Date / Fecha : 12/18/23

Form MCSA-5875

OMB No.: 2129-0006 Expiration Date: 03/31/2025

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless it displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2129-0006. Public reporting burden for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, WDC RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20580.

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Ho-Sang (first name) Shaun in accordance with (please check only one)

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- ☐ Wearing corrective lenses ☐ Accompanied by a waiver/exemption (specify type): ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.54 (Federal)
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

08/28/2025

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

K. Wrona

Medical Examiner's Name (please print or type)

Wrona, Kathleen

Medical Examiner's State License, Certificate, or Registration Number

C0004083

Medical Examiner's Telephone Number

(410)247-9595

Date Certificate Signed

08/28/2023

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

National Registry Number

MD

8317684192

CMV DRIVER INFORMATION

Driver's Signature

[Signature]

Driver's Address

Street Address: 9702 southall road apt 201

City: Randallstown

State/Province: MD

Zip Code: 21133

CLP/CDL ☒ Yes ☐ No

Driver's License Number

H-252-765-001-062

Issuing State/Province

MD

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.



MARYLAND
Commercial Driver's License

CDL



01/23/1993

16013C403



Customer identifier
H-252-765-001-062

Family name
HO SANG

Given names
SHAUN

Address
**9702 SOUTHBALL RD APT 201
RANDALLSTOWN MD 21133**

Date of birth Sex Height
01/23/1993 M 5'-08"

Restrictions
A

Weight
130

Date of exp
01/23/2025

Endorsements
07/08/2019

**Authorization for Services****Authorization ID: 5900501**

This authorization expires on 12/19/2023.

Patient must present photo ID at time of service. If ID other than government issue is used list here:

Employee Information**Personal Info****Name:****HO-SANG, SHAUN****Date Of Birth:****01/23/1993****Phone:****(443) 450-8111****Special Instructions/Comments:****—****Company Information****Employer:****Roy Salmon Trucking****Location Name:****Roy Salmon Trucking****Contact Name:****Roy Salmon****Location Phone:****(443)-629-4648****Street Address:****9737 Eustice Rd****City, State, ZIP:****Randallstown, MD, 21133-2511****Processing Info****Staffing Agency / PEO:****—****Alternate ID:****—****PO#:****—****Service Information****Services and Components****Service Package Selected:****Reg UDS & BAT****Required Components:**

- **Breath Alcohol Test**
- **Regulated UDS 65304**

Reason For Visit**PrePlacement****Authorization****Authorized by:****Roy Salmon****Title:****Primary Contact****Phone:****(443) 629-4648****Issuance Date:****12/18/2023****Authorization Expires:****12/19/2023**

Due to the nature of these specific services, only the patient and staff are allowed in the testing/ treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Driver Evaluation Road Test Form

Driver Name: SHAWN HO SANG Test Date: 12.20.23

Observed by: Ray Salmon

Vehicle Type and Number: TRACTOR WITH 53 FOOT TRAILER

| PRE-TRIP INSPECTION | | | | | |
|---|-----------------------------|--|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | General vehicle condition noted | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | 360-degree walk-around performed |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Parking brake set / applied | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Tires evaluated |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Lighting inspected | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Steering inspected |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Horn and windshield wipers inspected | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Mirrors adjusted |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Emergency equipment inspected | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Insurance / licensing info inspected |
| PLACING VEHICLE IN OPERATION | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Uses seat belt | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Verifies passenger(s) is wearing seat belt |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Starts vehicle properly | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Observes traffic patterns |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Does not allow vehicle to roll while stopped | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Drives with both hands on steering wheel |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Steers smoothly | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Speed appropriate for conditions |
| BACKING AND PARKING | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Gets out to look before backing | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Avoids backing when possible |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Uses mirrors properly | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Does not blind-side back |
| INTERSECTIONS | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Covers the brake with foot in intersections | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Checks traffic in all directions |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Stops vehicle in proper location | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Does not allow vehicle to roll when stopped |
| TURNING | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Vehicle is in proper lane for turn | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Signals used in advance of turn |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Approaches turn at proper speed | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Checks traffic conditions |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Turns only when traffic is cleared | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Keeps vehicle in proper lane while turning |
| PASSING | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Determines that pass is safe and legal | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Passes in safe location |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Checks ahead before passing | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Uses turn signal appropriately |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Returns to lane safely | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Does not exceed speed limit |

YES / ☒ NO Cell phone used during this trip while driving?

☒ YES / NO Vehicle pulled to a safe location during cell phone use?

RESULTS OF ROAD TEST: (circle one) DRIVER PASS DRIVER FAIL

Re-test on this date: 12.20.23

NOTES: _____

Evaluator Signature: [Signature]