

DRIVER APPLICATION / APLICACIÓN DE CHOFER

Name / Nombre : Maurice Smith Date / Fecha : 9/20/23

Company applying to / Compañía a que aplica : Ray Salmon Trucking

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 : 219-96-6293 Date of Birth / Fecha de Nacimiento : 6/15/67

Address / Dirección : 11100 Saranac St Rd

City / Ciudad : Bowie State / Estado : MD Zip / Código Postal : 20728

CDL / CDL : MD10273458740 CDL Expiration / Expiración de CDL : 6/15/31

Home / Hogar : _____ Work / Trabajo : _____

Cell / Celular : 443-880-4491 Email / Email : maurice.smith@85agmarl.com

Emergency Contact / Contacto de Emergencia : Ashley Smith Tel. / Tel. : 303-525-4082

ADDRESS FOR PAST 3 YEARS / DIRECCIÓN PASADOS 3 AÑOS

1. Address / Dirección : Same as above

How long / Tiempo : 6 yrs

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? 11/1/22

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				

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 : 3/15/15

Years of Commercial Motor Vehicle experience : 8.5

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Dry Van Truck | <input type="checkbox"/> Car Carrier Truck | <input type="checkbox"/> Off-Highway |
| <input checked="" type="checkbox"/> Tractor-Semi Trailer | <input type="checkbox"/> Crane Truck | <input type="checkbox"/> Passenger Bus |
| <input checked="" type="checkbox"/> Reefer | <input type="checkbox"/> Transfer Truck | <input type="checkbox"/> Plow Truck |
| <input type="checkbox"/> Flatbed Truck | <input type="checkbox"/> Expeditor/Hot Shot | <input type="checkbox"/> Refuse Hauler |
| <input type="checkbox"/> Dump Truck | <input type="checkbox"/> Farm/Grain Truck | <input type="checkbox"/> Roll-back Tow Truck |
| <input type="checkbox"/> Tank Truck | <input type="checkbox"/> Fire Truck | <input type="checkbox"/> Salvage Truck |
| <input type="checkbox"/> Beverage Truck | <input type="checkbox"/> Fuel/Lube Truck | <input type="checkbox"/> Service: Utility/Mechanic Truck |
| <input type="checkbox"/> Bucket/Boom Truck | <input type="checkbox"/> Logging Truck | <input type="checkbox"/> Toter Truck |
| <input type="checkbox"/> Cab & Chassis Truck | <input type="checkbox"/> Low Boy | <input type="checkbox"/> Tractor |
| <input type="checkbox"/> Cabover Truck | <input type="checkbox"/> Mixer: Asphalt/Concrete | <input type="checkbox"/> 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	<i>None</i>			
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.

**SIGN
HERE**

Signature / Firma:


[Handwritten Signature]

Date / Fecha :


9/25/23

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to _____ 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.

 Driver's Signature : Maurice A Smith Date : 9/25/23

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.

 Requester's Signature : _____ Date : _____

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 : Maurice A Smith
Address : 11100 Saranac St Rd City, State, Zip : Bowie, Md 20720
Former Address : _____ City, State, Zip : _____
Date of Birth : 6/15/67
Social Security No. : 215-96-6293 License No. : MD 10273450740

REQUESTED BY:

Name : _____
Title : _____
 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 : Maurice A Smith Company : _____
Social Security # : 219-96-6293 CDL # : MD102734SD740
Address : 11100 Saranac St Rd City : Bowie State : MD Zip : 20720
 Signature : [Signature] Date : 9/25/03

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 : _____

DRIVER WORK HISTORY / HISTORIA DE TRABAJO DE CHOFER

Name / Nombre : Maurice A Smith Date / Fecha : 9/15/23

Company applying to / Compañía a que aplica : _____

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 : _____

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 : 6/12 To / Hasta : 11/22

☐ 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 : Tesla Logistics

Position Held / Posición : Driver

Address / Dirección : 6740 Huntley Rd

Reason for Leaving / Razón de Renuncia : Retired

Columbus, Oh 43225

Contact Person / Supervisor : Dan Tesla

Date / Fecha : From / Desde : 12/21 To / Hasta : 5/22☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta PropiaWere 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 ☐ NOWas 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 ☐ NOCompany / Compañía : Ruan Position Held / Posición : DriverAddress / Dirección : 3200 Ruan Center Reason for Leaving / Razón de Renuncia : Career Change666 Grand Ave Des Moines, IA 50309Contact Person / Supervisor : SafetyPhone / Teléfono : 866-782-6669 Fax / Fax : _____Date / Fecha : From / Desde : 9/1/19 To / Hasta : 12/21☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta PropiaWere 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 ☐ NOWas 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 ☐ NOCompany / Compañía : UPS Position Held / Posición : DriverAddress / Dirección : 9401 Gainer Rd Reason for Leaving / Razón de Renuncia : _____Croftersburg, MdContact Person / Supervisor : HRPhone / Teléfono : 888-742-5877 Fax / Fax : _____SIGN HERE Signature / Firma : [Signature] Date / Fecha : 9/25/23

Date / Fecha : From / Desde : 4/1/8 To / Hasta : 8/1/8

☐ 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 Salmon Trucking Position Held / Posición : Driver

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

Contact Person / Supervisor : Ray Salmon

Phone / Teléfono : 443-629-4648 Fax / Fax : _____

Date / Fecha : From / Desde : 9/1/5 To / Hasta : 4/1/8

☐ 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 : Imc Trucking Position Held / Posición : Driver

Address / Dirección : 1051 N Garfield St Reason for Leaving / Razón de Renuncia : _____

Lombardi IL 60148

Contact Person / Supervisor : Zach

Phone / Teléfono : 708-938-5260 Fax / Fax : _____

 Signature / Firma : [Signature] Date / Fecha : 9/25/23



Form MCSA-5876

OMB No.: 2126-0006 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 that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting 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 this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-PRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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

Medical Examiner's Certificate (for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** SMITH **First Name:** MAURICE in accordance with (please check only one):
☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.43) 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 391.41-391.43) 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 Skill Performance Evaluation (SPE) Certificate
☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption
☐ Driving within an exempt intracity zone (49 CFR 391.43 (Federal))
☐ Qualified by operation of 49 CFR 391.43 (Federal)
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date
9/25/2024

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's Signature

Medical Examiner's Name (please print or type)
Henrietta Chikere

Medical Examiner's State License, Certificate, or Registration Number
R164878

Medical Examiner's Telephone Number
301-459-9113

Date Certificate Signed
9/25/2023

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____
Issuing State: MD National Registry Number: 6481910649

Driver's Signature

Driver's Address

Street Address: 11100 SARANAC STATION RD

City: BOWIE

Driver's License Number
10273450740

Issuing State/Province
MD

Zip Code: 20720

CLP/CDL Applicable
☒ Yes ☐ No

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 in 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.

Claim Number:

Concentra Medical Centers (MD)

4451 G Parliament Place Lanham, MD 20706
Phone: (301) 459-9113 Fax: (301) 459-1214

Service Date: 09/27/2023

Non-Injury Work Status Report

Patient: Smith, Maurice A.

SSN: XXXXX6293

Address: 11100 Saranac Station Rd
BOWIE, MD 20720

Home: (443) 880-4491

Work: Ext.:

Employer Location: Roy Salmon Trucking

Address: 9737 Eustice Rd
Randallstown, MD 2113325

Auth. by:

Contact: Roy Salmon

Role: Primary Contact

Phone: (443) 629-4648 **Ext.:**

Fax: (443) 299-6806

This Visit:

Time In: 10:49 am

Time Out: 11:25 am

Visit Type: New

PrePlacement

Reg UDS & BAT

Breath Alcohol Test

Regulated UDS 65304

Result Status:

No Status Required

Remarks:

Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Maurice Smith
(Print) (First, M.I., Last)

B: SSN or Employee ID No. NO 10273450740

C: Employer Name Rory Salmon
Street 9739 Eustice Rd.
City, State, ZIP Randallstown MD 21133
DER Name and Telephone No. Rory Salmon 443 629 4648
DER Name Rory Salmon DER (Area Code & Phone Number) 443 629 4648

D: Reason for Test: ☐ Random ☐ Reasonable Susp. ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☒ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.

[Signature] Date 9-27-23
Signature of Employee Month / Day / Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the U.S. Department of Transportation regulations, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ RAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp. Date	Activation Time	Reading Time	Result
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CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Concentra
Alcohol Technician's Company

4451 C Parliament Place
Company Address

17408, MD 20706
Company City, State, Zip

Phone 301-459-9113
Phone Number (Area Code & Number)

Fax 301-459-1214

[Signature] Date 9/27/23
Signature of Alcohol Technician Month / Day / Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

[Signature] Date 9/27/23
Signature of Employee Month / Day / Year

Intoximeters ASV XL
Test Number: 8965
Serial Number: 15453
Test Date: 09/27/2023
Test Time: 11:22:14
Test Temperature: 23.8°C
Test Type: Screening
Reason for Test: Pre-Employment
Type 9/21/0L Time 11:22:28
BLNK 0.000 11:22:47
SUBJ:m 0.000
Test Status: Success

▲ Affix With Tamper Evident Tape

▲ Affix Or Print Screening Results Here

▲ Affix With Tamper Evident Tape

▲ Affix Or Print Additional Test Results Here

Driver Evaluation Road Test Form

Driver Name: Maurice Smith Test Date: 9-27-23

Observed by: Roy 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: 9-27-23

NOTES: _____

Evaluator Signature: [Signature]