



OFFICE OF THE SECRETARY OF STATE  
 DRIVER SERVICES DEPARTMENT

Commercial Driver Training Section

**CDL THIRD PARTY CERTIFICATION PROGRAM  
 TWO WEEK/14-DAY PRACTICAL TRAINING COURSE FOR CDL APPLICANTS**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

(print)

<u>PRE-TRIP TRAINING:</u>	<u>DATES OF TRAINING</u>	<u>NAME OF TRAINER</u>
Wheels	_____	_____
*Air Brakes	_____	_____
Other Brakes	_____	_____
Controls	_____	_____
Lights	_____	_____
*Bus	_____	_____
<b><u>BASIC CONTROL SKILLS:</u></b>		
Straight Backing	_____	_____
Offset Backing	_____	_____
Parallel Park	_____	_____
<b><u>DRIVE TEST:</u></b>		
Turns	_____	_____
Intersections	_____	_____
Urban/Rural Straight	_____	_____
Lane Changes	_____	_____
Expressway	_____	_____
Stop/Start	_____	_____
Curves	_____	_____
Upgrade	_____	_____
Downgrade	_____	_____
Railroad Crossing	_____	_____
Bridge/Overpass	_____	_____
Signals	_____	_____

\*If Applicable

Signature of Applicant \_\_\_\_\_

Signature of Trainer(s) \_\_\_\_\_