

Drivers License
 expires Sep 29,20XX

Medical Examiner's Certificate
 expires Jan 01,20XX

CERTIFICATION OF ROAD TEST

Driver's Name: **ROBERSKI ROBERSKI**

123-456-7890 **999994134** **OH**
 (Soc. Sec. No.) (Operator's License No.) (State)

Type of power unit Type of trailer(s)

This is to certify that the above-named driver was given a road test under my supervision on _____ consisting of approximately 20 miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Issued By: **Company Name**
 Company Address

 Signature of examiner Title **Oct 05,20XX**
 Issue Date

DRIVER'S QUALIFICATION CARD

ROBERSKI ROBERSKI

Driver's Name: Driver's Signature:

I certify that the above named driver, as defined in 390.5 is regularly driving a commercial motor vehicle operated by the below named carrier and is fully qualified under Part 391 Federal Motor Carrier Safety Regulations. His/her current medical examiner's certificate expires on Jan 01,0001.

This certificate expires Jan 01,0001 (date not later than expiration date of medical certificate) issued on Oct 05,20XX

Issued By: **Company Name**
 Company Address

 Signature for Company

Hazardous Material 126-F Training and Testing Certification HM 232 Security Plan

Driver's Name: **ROBERSKI ROBERSKI**

Issue By: **Company Name**
 Company Address

 Signature for Company Title

Expiration Date: Jan 01,0001

OFF DUTY AUTHORIZATION

Issue By: **Company Name**
 Company Address

To: **ROBERSKI ROBERSKI**

You are hereby authorized to be in an off duty status at meal and other routine stops of over 15 minutes. When your unit is safely parked and secured, you may pursue activities of your choice and leave the premises where the vehicle is parked.

 Signature for Company Title **Oct 05,20XX**
 Issue Date

Controlled Substances and Alcohol Testing Program Verification

This is to verify that **ROBERSKI ROBERSKI** has participated in the Controlled Substances and Alcohol Program of:

Company Name **Company Address**

Conforms to the requirements of 49 CFR Part 40 and 49 CFR Part 382. This driver is qualified under the rules of 49 CFR part 391 and has not refused to be tested for controlled substances and/or alcohol.

 Signature for Company Title **Oct 05,20XX**
 Issue Date

Receipt For Substance Abuse and Alcohol Policy

This certifies that I have received the Substance Abuse and Alcohol Policy for:

Company Name
Company Address

ROBERSKI ROBERSKI

Driver's Name Driver's Signature

 Signature for Company Title **Oct 05,20XX**
 Issue Date