



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

DMV 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

DMV DATE APPROVED

#	MANEUVER	LOCATION	COMMENTS	DIRECTION POINT	DIRECTIONS

EMPLOYER NUMBER

PRIMARY ROUTE

ALTERNATE ROUTE

DMV DATE APPROVED

#	MANEUVER	LOCATION	COMMENTS	DIRECTION POINT	DIRECTIONS