

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 SIG	DATE APPROVED	
□ PRIMARY ROUTE □ ALTERNATE ROUTE □ DMV APPROVED ROUTE NUMBER			DMV ROUTE NUMBER CERTIFIER'S S	DATE APPROVED	
#	MANEUVER	LOCATION	COMMENTS	DIRECTION POINT	DIRECTIONS

EMPLOYER NUMBER		☐ PRIMARY ROUTE ☐ ALTERNATE ROUTE		DMV DATE APPR	DMV DATE APPROVED		
#	MANEUVER	ı	LOCATION	COMMENTS	DIRECTION POINT	DIRECTIONS	

EMPLOYER NUMBER		☐ PRIMARY ROUTE ☐ ALTERNATE ROUTE		DMV DATE APPROVED		
#	MANEUVER	l	LOCATION	COMMENTS	DIRECTION POINT	DIRECTIONS

EMPLOYER NUMBER		☐ PRIMARY ROUTE ☐ ALTERNATE ROUTE		Ξ	DMV DATE APPROVED		
#	MANEUVER		LOCATION	COMMENTS	DIRECTIO	ON POINT	DIRECTIONS

EMPLOYER NUMBER		☐ PRIMARY ROUTE ☐ ALTERNATE ROUTE		Ξ	DMV DATE APPROVED		
#	MANEUVER		LOCATION	COMMENTS	DIRECTIO	ON POINT	DIRECTIONS

EMPLOYER NUMBER		☐ PRIMARY ROUTE ☐ ALTERNATE ROUTE		DMV DATE APPROVED		
#	MANEUVER	LC	OCATION	COMMENTS	DIRECTION POINT	DIRECTIONS