	C M	CDL		DEPARTM ental Exar		DL-40 (Rev. 10/11)	FOR DEPART	MENT USE ONLY
Driv RINT OR ULL NAM								PT NÜMBER
ESIDENO DDRESS	LAST			FIRST		MIDDLE OR MAIDEN	☐ ADDITIONAL TEST ☐ ADVANCE IN GRAI	DE
AILING	NUMBER AND	STREET	CITY	STATE		ZIP CODE	U VOLUNTARY RE-EX	
DIFFERENT ROM SIDENCE)	NUMBER AND		CITY	STATE		ZIP CODE	ADDED OR RETAINED	r ENDORSEMENTS
							US	E CODE
	OF BIRTH DAY YEAR	EYE COLOR	SEX	FT.	INCH	DRIVER EDUCATION  CLASSROOM  LABORATORY  MOTORCYCLE	REMOVEDUSE CODE	
s ( ) NO solemnly oked, can : ( ) sing nature: o solemnly rect, and	y swear, affirm, on celled or denied, gle family dwelling ly swear, affirm, that the above na	and there has been  i, ( ) apartment, ( )  or certify that I am	n organ donor? e person named h no major change n motel, ( ) tempo the person name ( ) son ( ) daugi	erein, that my lid in my physical o rary shelter. (chi ed herein, that t hter ( ) ward ar	cense or drivi condition. I fu eck one) and the statement and is under m	ng privilege is not now suspended orther certify my residence address all statements are true and correct ts on this application are true and by custody. I herefore authorize the		
nature of	Parent or Guardi		Driver License No.				DEPARTMENT USE ONLY	
	OW	orn to and subscrib	ed before me this	day	y of		DEPARTN	IENT USE ONLY
				day	y of	- 45111-	□ Name: From	
		orn to and subscrib		day	y of	City Where Notarized	□ Name: From	Height Date of Bi
EXAM	Not		rized Officer	day	y of	- 45111-	□ Name: From	
EXAM	Not	ary Public or Autho	rized Officer		y of	City Where Notarized	Name: From Address	Height Date of Bi
EXAM	Not	ary Public or Autho	rized Officer		y of	City Where Notarized	Name: From Address	Height Date of Bi
	Not	ults	rized Officer	KAMINER	y of	City Where Notarized  APPLICANT	Name: From Address	Height Date of B
	RES	ULTS	rized Officer	(AMINER		APPLICANT	PLACE	Height Date of B
R GOOD	RES	ULTS	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(AMINER		APPLICANT  O O O O O O O O O O O O O O O O O O O	PLACE	Date of B
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ROAD TEST DEDUCTIONS
OFF STREET ON STREET B PP

Remarks

2nd 1st

3rd

Deductions

Sheet No.

WRITTEN

Position DOWNSHIFTING Control Position

Position
PARALLEL PARK
Control
Observation

Control
Observation
BACKING
Control
Observation

Control Observation Signal QUICK STOP

RECORD OF

Yr.

Vehicle Make /ehicle Reg. Trailer Reg. BAD GOOD

Fail

Pass | Fail |
MC OFF STREET TEST
IDENTIFYING CONTROL
Rear Brake Lever
Front Brake Lever
Accelerator
Gearshift
Clutch

ARBRAKES
A & B PRETRIP INSPECTION
ARBRAKES
Leak in System
Warning Signals
Emergency Brakes
MANEUVERS
START

Light Switch Dimmer Switch Horn Button Starter (kick or button)