

TRACTOR TRAILER CERTIFICATION FORM

Employee Information

HMW 18 (11/96)

B87

Name: _____ Title: _____

Supervisor: _____ Work Location: _____

License # _____ Class: _____ TRINFO class # _____

Section 1 - Classroom Instruction

Compl'd ____/____/____ Hrs. _____

- Completed general topics classroom instruction
- Completed pre-op inspection classroom instruction

Instructor #1 initials _____

Instructor #2 initials _____

Section II - Shop Session Instruction

Compl'd ____/____/____ Hrs. _____

- Completed PM and general procedures shop instruction
- Completed pre-op inspection shop instruction
- Completed vehicle starting and idling shop instruction
- Completed vehicle parking and shut-down instruction

Instructor #1 initials _____

Instructor #2 initials _____

Section III - Skills Demonstration

Refer to the Evaluation Guide for the details of the demonstration

P	F	P	F	P	F	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Holds a valid class A Commercial Driver's License
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Performs a thorough pre-op inspection and daily/weekly PM, as needed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Starts and idles the vehicle properly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Puts vehicle in motion safely and smoothly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Uncouples and couples trailer from gooseneck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Couples and uncouples trailer from 5 th wheel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Loads and secures equipment to be transported
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Shifts transmission smoothly and efficiently
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Drives on roadway safely and properly, observing all traffic laws
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Passes other vehicles safely, legally and only when necessary
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Properly turns vehicle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Proceeds through intersections properly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Proceeds through railroad crossings properly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Follows safe backing procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Parks and shuts down vehicle

_____ Date completed: _____ Vehicle Make: _____

Evaluation Committee Initials _____ Time spent w/Operator: _____ ID #: _____

Certification

Attempt # 1 2 3 Check if any variations were made in the evaluation and describe on reverse Employee **certified** for operation of Tractor Trailer Employee not certified - needs improvement on: __________
Certifier Signature_____
Employee Signature

