

Longer Combination Vehicle (LCV) Driver Training Certificate

I certify that has presented evidence of

Meeting the training prerequisites set forth in the Federal Motor Carrier Safety Regulations (49 CFR 380.203(a) and 380.205(a)) for LCV training, and has successfully completed the LCV Driver Training Course(s) indicated below:

Yes LCV Doubles

No Date Training Completed

Yes LCV Triples

No Date Training Completed

I certify that the indicated LCV Driver Training course(s) was provided by a qualified LCV driver-Instructor as defined under 49 CFR 380.105 and meets the minimum requirements set forth in 49 CFR part 380, subparts A and B.

Driver Name (First name, MI, Last Name)

Commercial Driver's License Number

State

Address of Driver: (Street Address City State Zip code)

Full Name of Training Entity

Telephone Number

Business Address: (Street Address City State Zip code)

Signature of Training Certifying Official

Date Issued