

## United Parcel Service Delivery Vehicle Road Test Report

Select One	Equipment Type	CDL or Non- CDL	Equipment Type Description		
	Van <u>&lt;</u> 10,000 lbs	Non-CDL	Van <u>&lt;</u> 10,000 lbs		
	Step Van	Non-CDL	Package Cars: P30-P120		
	Box Van - Non CDL	Non-CDL	24' Van, ≤ 26,000 lbs GVWR		
	Box Van - CDL	CDL Required	24' Van, ≥ 26,001 lbs GVWR		

Employee ID: NAME	Applicant ID (If applicable): A			Box Van - CDL	CDL Required	24' Van, ≥ 26,001 lbs GVWR					
NAME					License Exp. Date		DATE				
		Demerit			/ /						
	Demerit	Count	Total	Remarks							
1 Starting Engine	6										
2 Starting Vehicle	10										
3 Gear Shifting	10										
4 Clutch	10										
5 Use of Horn	10										
6 Steering	10										
7 Slow and Other Warning Signs	6										
8 Stop Signs	10										
9 Traffic Lights	10										
10 Intersections and Crosswalks	20										
11 Right-of-Way	20										
12 Lane Observance	20										
13 Change Lane	10										
14 Speed Controls	20										
15 Following	20										
16 Right Turns	10										
17 Left Turns	10										
18 Parallel Parking	10										
19 Parking on Hill	20										
20 Backing	20										
21 Use of Brakes	6										
22 Use of Mirrors	10										
23 Alertness	20										
24 Familiarity with Rules	10										
25 Defensive Driving	20										
GRAND TOTAL (125 = Failure)					GROUNDS FOR IMN	IEDIATE RE	EJECTION				
Qualified											
Not Qualified											
Instructions Given: Pretrip			Accident: Clear Violation:								
Parking on Hill				Dangerous Action:							
Use of Seat Belt			Lack of Cooperation or Refusal to Perform:								
			l								
Examiner's Signature Applicant's Signature											
CERTIFICATION OF ROAD TEST											
Driver's Name (Print):											
Driver's License Number: Expiration Date:/											
Select One Equipment Type: Van ≤ 10			Box Van : Non-CDL		Box Van : CDL						
This is to certify that the above named drive	This is to certify that the above named driver was given a road test under my supervision on/ consisting of:miles of driving.										
It is my considered opinion that this driver possesses sufficient driving skills to operate safely the type of commercial motor vehicle listed above.											
Examiner's Name (Print)	ixaminer's Name (Print) Title										
Examiner's Signature											
UPS											

District Office

Note: Entire Form to be sent to Xerox for imaging. Copy of Certification of Road Test should be given to Driver. Driver should keep form with MEC.