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Office of the Secretary of State
Driver Services Department

COMMERCIAL DRIVER TRAINING/CDL DIVISION

www.cyberdriveillinois.com

CDL THIRD-PARTY CERTIFICATION PROGRAM
TWO WEEK/14-DAY PRACTICAL TRAINING COURSE FOR CDL APPLICANTS

DATE: _____

NAME: _____
(print)

PRE-TRIP TRAINING:	DATES OF TRAINING	NAME OF TRAINER
WHEELS		
*AIR BRAKES		
OTHER BRAKES		
CONTROLS		
LIGHTS		
*BUS		
BASIC CONTROL SKILLS:		
STRAIGHT LINE BACKING		
OFFSET BACKING		
PARALLEL PARKING		
DRIVE TEST:		
TURNS		
INTERSECTIONS		
URBAN/RURAL STRAIGHT		
LANE CHANGES		
EXPRESSWAY		
STOP/START		
CURVES		
UPGRADE		
DOWNGRADE		
RAILROAD CROSSING		
BRIDGE/OVERPASS		
SIGNALS		

*If Applicable

SIGNATURE OF APPLICANT: _____

SIGNATURE OF TRAINER(S): _____

_____