

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 NO

LCV Doubles _____
Date Training Completed

LCV Triples _____
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 meet(s) the minimum requirements set forth in 49 CFR part 380, subparts A and B.

DRIVER NAME (First Name, MI, Last Name)	
Commerical Driver's License Number	STATE
ADDRESS OF DRIVER (Street Address, City, State and Zip Code)	
FULL NAME OF TRAINING ENTITY	Telephone Number
BUSINESS ADDRESS (Street Address, City, State and Zip Code)	
SIGNATURE OF TRAINING CERTIFYING OFFICIAL	DATE ISSUED