

ROAD TRAINING																		CERTIFICATE ISSUED <input type="checkbox"/> YES <input type="checkbox"/> NO						
START DATE																		NUMBER						
PERFORMANCE CODE: 3- GOOD 2- FAIR 1-IMPROVEMENT																		DATE ISSUED						
																		COURSE COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO						
DATE	START TIME	BREAK TIME	END TIME	HRS DRIVEN	Check for Valid Permit	Starting	Stopping	Turning	Shifting	Braking	Hours of Service	Enter/Exit Interstate	Emergencies	Pre-Trip & Post-Trip	Sharing the Road	Display of Emergency Equipment	Use of Hazardous Equipment	Safe & Defensive Driving Practices	Railroad Crossing	Observation	INSTRUCTOR INITIALS / LICENSE #	STUDENT INITIALS		
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I, the undersigned Instructor, certify that the Student has satisfactorily completed the minimum 28 hours of behind-the-wheel instruction required by chapter 4501-7-28 of the Ohio Administrative Code (O.A.C.)

INSTRUCTOR OR TRAINING MANAGER SIGNATURE	DATE
X	

Optional:
I, the undersigned Student, certify that I have completed all training provided by the school as listed above.

STUDENT SIGNATURE	DATE
X	

No person shall falsify, alter or in any manner tamper with any records required to be kept by the O.A.C.