



# CDL SKILLS TEST TRACKING SUMMARY

Wisconsin Department of Transportation  
MV3556 8/2019 Ch. 343 Wis. Stats.

**Not valid for DMV license issuance**

This form summarizes which portions of the CDL Skills Test have been taken. All tests must be passed in order and under the same CLP or skills testing results will be void. Examiners must verify all test results are entered into CSTIMS within 48 hours of test completion.

Driver Name (first, middle initial, last)	Driver License/Permit Number	State of Issuance
---	------------------------------	-------------------

<b>TEST VEHICLE</b> Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<b>BUS TYPE (if applicable)</b> <input type="checkbox"/> School Bus <input type="checkbox"/> Abbreviated School Bus <input type="checkbox"/> Passenger Bus
--	---

<b>VEHICLE INSPECTION</b> Examiner #/Test location: _____ (check only one) Form: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Full	Air Brakes: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> No	Transmission: <input type="checkbox"/> Auto <input type="checkbox"/> Manual	Tractor/Trailer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Date - m/d/yyyy	Test Score	

<b>BASIC CONTROL SKILLS</b> Examiner #/Test location: _____	Air Brakes: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> No	Transmission: <input type="checkbox"/> Auto <input type="checkbox"/> Manual	Tractor/Trailer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Date - m/d/yyyy	Test Score	

<b>ROAD TEST</b> Examiner #/Test location: _____	Air Brakes: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> No	Transmission: <input type="checkbox"/> Auto <input type="checkbox"/> Manual	Tractor/Trailer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Date - m/d/yyyy	Test Score	

<b>CDL THIRD PARTY EXAMINER INFORMATION</b>	Examiner # and Test Location	<b>X</b>	
	(Area Code) Telephone Number		