CDL TESTS ANNUAL LOG – Third Party Examiners

Wisconsin Department of Transportation
MV3551 9/2024 Wis. Stat. §.343.16

Print all information. Enter the results of each test conducted.
The first test of the year is logged as 1, the second as 2, etc.
Keep this form on file at your primary place of business.

Year:	Third Party Testing Company Name:			Testing Company Number:				Location:			
LOG #	DATE (m/d/yy)	DRIVER NAME (Last, First Initial)	EXAMINER NAME & NUMBER	VEH. CLASS	ABBR. SB	VEHICLE INSPECTION		BASIC CONTROL SKILLS		ROAD TEST	
					Y/N	SCORE	P/F	SCORE	P/F	SCORE	P/F

CDL TESTS ANNUAL LOG – Third Party Examiners *(continued)*

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Year:	Third Party Testing Company Name:			Testing Company Number:				Location:			
LOG #	DATE (m/d/yy)	DRIVER NAME (Last, First Initial)	EXAMINER NAME & NUMBER	VEH. CLASS	ABBR. SB	VEHICLE INSPECTION		BACKING CONTROL SKILLS		ROAD TEST	
					Y/N	SCORE	P/F	SCORE	P/F	SCORE	P/F