



# CDL SKILLS TEST TRACKING SUMMARY

Wisconsin Department of Transportation  
MV3556 12/2016

**Not valid for DMV license issuance**

This form summarizes which portions of the CDL Skills Test have been taken. All tests must be passed under the same permit or results will be void. Examiners must verify all test results in CSTIMS prior to issuance of MV3553 – *CDL Skills Test Certification*.

Driver Name (first, middle initial, last)	Driver License/Permit Number	State of Issuance
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<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
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<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		
		(Examiner Signature)	(Date – m/d/yyyy)