

# Florida

CDL



USA



CDL C646-400-85-187-0

CLASS A

1 CARRALERO FOUZ

2 IVAN

3 2008 W MEADOWBROOK AVE  
TAMPA, FL 33612-7320

4 DOB 05/27/1985 13 SEX M

14 EXP 05/27/2029 15 HGT 5'-10"

12 REST NONE 9a END N

SAFE DRIVER

4a ISS 07/13/2020

5DD K712007130097

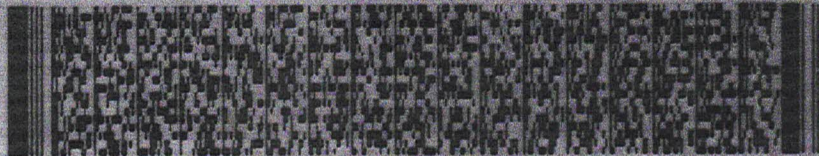


Operation of a motor vehicle constitutes  
consent to any sobriety test required by law.



The State  
of Florida  
retains all  
property  
rights herein.  
052785

Rev.  
05/01/2019



01004683400  
20029

21



CLASS: A - Any Tractor/Trailer with a GVWR of 26,001 lbs. or  
more

REST: None

END: N-Tanker

REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS  
OF ADDRESS OR NAME CHANGE.

[WWW.FLHSMV.GOV](http://WWW.FLHSMV.GOV)



# DRIVER EVALUATION ROAD TEST FORM

DRIVER NAME	Ivan Carrelo	DATE	02/20/2024
OBSERVED BY	DENIS	Time In&Out	
TRUCK #	822	TRAILER #	

## PRE TRIP INSPECTION

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	360-degree walk-around performed	Tire check properly with air gauge	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	All lights inspected Truck&Trailer	Mirrors adjusted	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Horn and windshield wipers inspected	Insurance/licensing info inspected	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Emergency equipment inspected	Oil check properly	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	All fluids inspected	Understand weight distribution	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Slide tandems properly	Coupling & Uncoupling properly	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Check for oil,air,coolant leaks	Connects air&electric line to trailer properly	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

## BACKING AND PARKING

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Making good angle while reverse parking	Get out and look before backing	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Checks if tandems are slid to the front	Using 4-way flasher	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Uses mirrors	Slowly backing	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Time spent on backing			Start time:	End Time:	

## DRIVING

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Uses seatbelt	Verifies passenger is wearing seatbelt	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Starts vehicle properly	Observes Traffic patterns	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Does not allow vehicle to roll while stopped	Drives with both hands on steering wheel	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Steers smoothly	Keeps proper distance	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Brakes on time	Brakes smooth	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Speed appropriate for conditions	Uses mirrors properly every 10 sec	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Uses cellphone while driving	Keeps vehicle in proper lane while turning	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Checks traffic in all directions	Using turn signals on time	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Approaches turn at proper speed	Turns only when traffic is cleared	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Uses engine brake properly	Does not exceed speed limit	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Follows and understand traffic signs	Looking at mirrors while turning	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Determines that pass is safe and legal	Signal used in advance of turn	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Makes wide turn	Checks traffic conditions/ road construction et	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Passes in safe location	Returns to lane safely	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

DRIVER PASS / FAIL

## NOTES:

3 years ex

RECOMMENDING FOR RE-TEST

☐ YES ☒ NO