



Texas

DRIVER LICENSE

Director: *Soren C. McCreary*

COMMERCIAL
DRIVER LICENSE

4d. DL: **35883079**

9. Class: **A**

4b. Exp: **07/22/2030**

3. DOB: **07/22/1970**

4a. Iss: **07/20/2022**

1. **RODRIGUEZ LEYVA**

2. **ENOLDO**

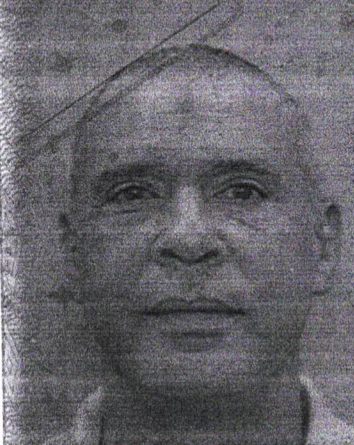
8. 1410 AUSTIN ST
PORTLAND, TX 78374

12. Rest: **NONE**

9a. End: **N**

16. Hgt: **6'-02"** 15. Sex: **M** 18. Eyes: **BRO**

5. DD: **49320210172250228514**



ES

CLASS: A-Comb veh w/ GVWR ≥ 26,001 lbs provided towed veh ≥ 10,001 lbs

REST: NONE

END: N - TANK VEHICLE

REV: 07/16/2021

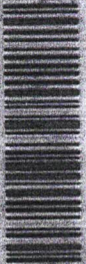
Directive to physician
has been filed at Tel #

Emergency Contact #

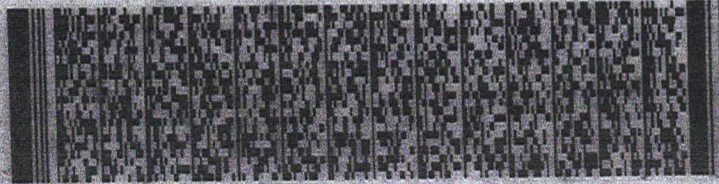
Allergic reaction to
drugs:

TEXAS ROADSIDE ASSISTANCE: 1-800-525-5555

10011894681



DOB: 07/22/1970



DRIVER EVALUATION ROAD TEST FORM

DRIVER NAME	Rodriguez, Enaldo	DATE:	03/29/2024
OBSERVED BY	772	Time In&Out	
TRUCK #	DENIS	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 checked="" type="checkbox"/> YES	<input 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 checked="" type="checkbox"/> YES	<input 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:

10 YEARS - EX

RECOMMENDING FOR RE-TEST

YES ☒ NO ☐