

# Florida

CDL



USA

CLASS A

DLN S236-541-60-269-0



SHAKHTUR

MAHER ALI

8815 NW 8 ST APT 219

MIAMI, FL 33126

DOB 07/29/1960 SEX M

EXP 07/29/2030 HGT 5'-00"

REST NONE END NONE

SAFE DRIVER

ISS 03/08/2022

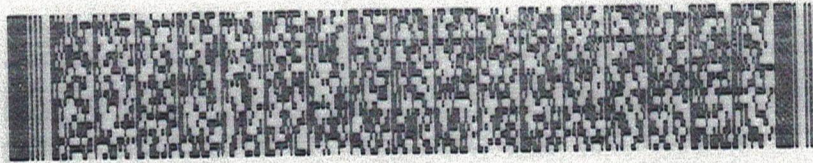
DD R022203080359



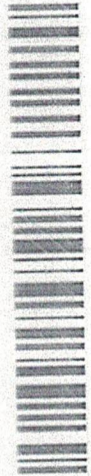
*Maher A. Ali*

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

The State  
of Florida  
retains all  
property  
rights herein.  
072960  
Rev.  
03/01/2020



21  
01004196898  
22019



CLASS: A - Any Tractor/Trailer with a GVWR of 26.001 lbs. or  
more

REST: None

END: None

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	maner Aii Shakhthur	DATE	10/30/2024, Wednesday
OBSERVED BY	<i>Deen's Jagri</i>	Time In/Out	8:30 AM : 9:20 AM
TRUCK #	859	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 etc	<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:

RECOMMENDING FOR RE-TEST

YES NO