OHIO DEPARTMENT OF PUBLIC SAFETY

CLASS A TRUCKING SCHOOLS
STUDENT BEHIND-THE-WHEEL TRAINING REPORT

The most current version of this document available at www.drivertraining.ohio.gov

STUDENT'S NAME	DATE OF BIRTH	HOME PHONE #	WORK PHONE #
ADDRESS		STATE	ZIP CODE
PERMIT # / DRIVER LICENSE #		DATE ISSUED	EXPIRATION DATE
ENTERPRISE NAME		ENTERPRISE #	REPORT YEAR

NOTE: Break time and observation time does not count toward the hours of required instructional time.

START DATE

BEHIND-THE-WHEEL TRAINING

PERFORMANCE CODE:
3- GOOD 2- FAIR 1-IMPROVEMENT

CERTIFICATE ISSUED ☐ YES ☐ NO

NUMBER

DATE ISSUED

COURSE COMPLETED ☐

DATE	START TIME	BREAK TIME	END TIME	HRS DRVN	R = RANGE S = STREET	Check for Valid Permit	Starting	Stopping	Turns	Shifting	Braking	Parking	Docking	Coupling / Uncoupling	Display of emergency equipment	Use of hazard lighting systems	Checking and servicing parts	Observation	Sharing the Road	Safe Driving Practices	Railroad grade crossing	Pre-Trip – Post Trip	INSTRUCTOR INITIALS / LICENSE #	STUDENT INITIALS
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I, the undersigned Instructor, certify that the Student has satisfactorily completed the minimum 40 hours of behind-the-wheel instruction required by chapter 4501-7-28 of the Ohio Administrative Code (O.A.C.)	
INSTRUCTOR OR TRAINING MANAGER SIGNATURE **X**	DATE

Optional: I, the undersigned Student, certify that I have completed all training provided by the school as listed above.	
STUDENT SIGNATURE **X**	DATE

No person shall falsify, alter or in any manner tamper with any records required to be kept by the O.A.C.