

Public Transit Road Test Evaluation Form

Candidate Name

Date

License Number

Vehicle Number

Evaluator Name

Evaluation Criteria

Criteria	Score	Comments
Pre-Trip Inspection	<input type="text"/>	<input type="text"/>
Starting Vehicle	<input type="text"/>	<input type="text"/>
Use of Mirrors/Signals	<input type="text"/>	<input type="text"/>
Braking	<input type="text"/>	<input type="text"/>
Turning/Steering	<input type="text"/>	<input type="text"/>
Passenger Stops/Service	<input type="text"/>	<input type="text"/>
Railroad Crossings	<input type="text"/>	<input type="text"/>
Traffic Laws/Right of Way	<input type="text"/>	<input type="text"/>

Parking	<div data-bbox="576 96 963 152"></div>	<div data-bbox="999 96 1386 152"></div>
General Driving Attitude	<div data-bbox="576 264 963 320"></div>	<div data-bbox="999 264 1386 320"></div>

Overall Comments

Recommendation