

Longer Combination Vehicle (LCV) Driver-Training Certificate of Grandfathering

I certify that _____ has presented evidence of meeting the prerequisites set forth in the Federal Motor Carrier Safety Regulations (49 CFR § 380.111) for the substitute for LCV driver training and is qualified to operate the LCVs indicated below:

YES NO

LCV Doubles

LCV Triples

DRIVER NAME (First name, MI, Last name)

Commercial Driver's License Number

STATE

ADDRESS OF DRIVER (Street Address, City, State and Zip Code)

FULL NAME OF MOTOR CARRIER

Telephone Number

ADDRESS OF PRINCIPAL PLACE OF BUSINESS (Street Address, City, State, and Zip Code)

SIGNATURE OF MOTOR CARRIER OFFICIAL

DATE ISSUED