

**Apprentice Driver Safety Benchmark Certification Form: 120-hour Certification**

Carrier name (please print): \_\_\_\_\_

Apprentice driver's name (please print): \_\_\_\_\_

| Benchmark   | Representative's Initials | Date |
|---|---------------------------|------|
| Interstate, city traffic, rural 2-lane, and evening driving   |                           |      |
| Safety awareness  |                           |      |
| Speed and space management                                    |                           |      |
| Lane control  |                           |      |
| Mirror scanning   |                           |      |
| Right and left turns  |                           |      |
| Logging and complying with rules relating to hours of service |                           |      |

Carrier representative's name (please print): \_\_\_\_\_

Carrier representative's signature: \_\_\_\_\_ Date: \_\_\_\_\_