

## STATEMENT OF LCV TRAINING COMPLETION

**This is to verify that:**

Name			
Commercial Driver's License Number	Issuing State	Expiration Date	
<i>The above named individual has successfully completed the LCV Testing and Training. In accordance with FMCSA Regulations 49 CFR 380, Special Training Requirements, Subparts A and B.</i>			
<b>LCV Training Was Administered in (check one or more)</b>			
LCV Doubles- In accordance with 380.203, subpart B.  LCV Triples- In accordance with 380.205, subpart B.			
<i>In accordance with 49 CFR 380, subpart C, The below named LCV Driver-Instructor has meet the minimum requirements to qualify as an LCV Driver-Instructor.</i>			
LCV Driving Instructor Name	CDL Number and Issuing State		
LCV Driving-Instructor is Employed by			
Address of Home Office: Street, City, State, Zip code			
LCV Driving Instructor Has How Many Years of Experience with the Above Type(s) of LCV.			
If the above named LCV Driving Instructor has less than two years experience operating the type of LCV he/she is training for; list the date and location the instructor completed his/her LCV training.			
Location Where The LCV Driving Instructor Completed Training			Date of Training
<i>I certify that the indicated LCV Driver-Training Courses were provided by a qualified LCV Driving-Instructor, as defined by 49 CFR 380, subpart C of this section, and that the course meets the requirements of 49 CFR 380.</i>			
Name of Company or Training Entity Where LCV Training was Performed:			
Address Where Training was Performed:			
Signature of Company Safety Official	Date	Signature of LCV Driver-Instructor	Date
Signature of New LCV Driver:			Date: