CERTIFICATION/ROAD TEST EVALUATION REPORT
R-279 Rev. 10-2024

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DRIVER EDUCATION AND TESTING UNIT

INSTRUCTIONS
1. Section 1 to be completed by Driving School representative.
2. Section 2 to be completed by individual who trained applicant.
3. Section 3 to be completed by testing agent.

SECTION 1 - APPLICANT

NAME OF APPLICANT (Last)	(First)	(M.I.)	DATE OF BIRTH	PERMIT NO.

ROAD TEST VEHICLE	YEAR	MAKE	MODEL (*If applicable*)	STATE & REG. NO.	EXP. DATE OF REG.

SECTION 2 - TRAINING CERTIFICATION

HOME TRAINING/ COMMERCIAL TRAINING CERTIFICATION

I hereby subscribe and certify under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes that I understand that if I make a statement, which I do not believe to be true, with the intent to mislead the Commissioner I will be subject to prosecution under the above-cited laws, that, I am qualified under Section 14-36, of the Connecticut General Statutes, over 20 years of age, have no suspensions within the previous 4 years and the Applicant has received the required training, including the equivalent of 22 hours classroom training; 40 hours on-the-road instruction; the 8 hours Safe Driver course, including a 2 hour Parent Training, as supported by a parent log and/or driving school certificate.

PLEASE CHECK THE APPLICABLE BOX

- ☐ **Home Training** — 22 hr class equiv; 40 hrs on-the-road; 8 hr safe driving
- ☐ **Comm/Sec and Home** — 30 hrs class/minimum; 8 hr safe driving plus home training 40 hrs on-the-road
- ☐ **Comm/Sec Only** — 30 hrs class; 40 hrs on-the-road

SIGNATURE OF INSTRUCTOR (*Home Training/Commercial*)	OPERATOR'S LICENSE NUMBER OR SCHOOL LICENSE NUMBER
X	

SECTION 3 - AGENT/INSPECTOR

☐ ID VERIFIED ☐ VALID DRIVER ED VEHICLE ☐ VALID LEARNER'S PERMIT ☐ E-DEC VERIFIED

ROAD TEST INFORMATION	DATE	TIME (BEGINNING)	TIME (ENDING)

WEATHER CONDITIONS: ☐ CLEAR ☐ SNOW ☐ OVERCAST ☐ RAIN ☐ FREEZING RAIN OR SLEET

ROAD CONDITIONS: ☐ DRY ☐ ICY ☐ WET ☐ SNOWY

TRAFFIC CONDITIONS: ☐ LIGHT ☐ HEAVY ☐ MEDIUM

VISIBILITY

CATEGORY	ITEM	SCORE (✓OR X)	COMMENTS
	If the test vehicle is found to be in an unsafe operating condition, no behind the-wheel evaluation will be conducted.		
Section 1 *(TEST VEHICLE)*	TIRES		
	BRAKES/LIGHTS		
	OTHER		
Section 2 *(GETTING READY TO DRIVE)*	ADJUST SEAT		
	ADJUST MIRRORS		
	FASTEN/ADJUST BELTS		
	OTHER		
Section 3 *(BASIC DRIVING SKILLS)*	FOLLOWS INSTRUCTIONS		
	ACCELERATION/SHIFTING		
	FOLLOWING DISTANCE		
	BRAKING		
	SIGNALING		
	TURNING MANEUVERS		
	JUDGEMENT/ALERTNESS		
	OTHER		
Section 4 *(CRITICAL DRIVING SKILLS)*	SPEED		
	PROPER LANE SELECTION		
	RIGHT OF WAY		
	TRAFFIC CONTROLS		
	BACKING		
	PARKING		
	ATTITUDE/EMOTIONS		
	PEDESTRIANS		
	AGENT INTERVENTION		
	OTHER		

SCORING SYSTEM

A check (✓) means satisfactory. Any combination of three (3) or more x's in GETTING READY TO DRIVE or BASIC DRIVING SKILLS will result in test failure. One (1) or more x's in CRITICAL DRIVING SKILLS will result in test failure. There is a minimum wait period of 14 days before An APPLICANT IS ELIGIBLE TO BE RE-TESTED AFTER A ROAD TEST FAILURE.

ADDITIONAL COMMENTS

ROAD TEST AND LICENSE INFORMATION

TEST LOCATION ☐ PASSED ☐ FAILED

NON-COMMERCIAL CLASS	RESTRICTIONS (*Circle All Applicable*)
D	3 B C D E F G R U Y

AGENT CERTIFICATION

I hereby certify that I have verified the applicant's identity and the test results stated herein are true and correct.

SIGNED (*Agent*) X

PUNCH NO. AND PUNCH

DATE SIGNED

DISTRIBUTION: White - Agent Canary - Customer