



# CDL SKILLS TEST TRACKING SUMMARY

Wisconsin Department of Transportation  
MV3556 4/2025 Wis. Stat. ch. 343

Not valid for DMV license issuance

This form summarizes which portions of the CDL Skills Test have been taken. All tests must be passed in order and under the same CLP or skills testing results will be void. Examiners must verify all test results are entered into CSTIMS within 48 hours of test completion.

Driver Name (first, middle initial, last)		Driver License/Permit Number		State of Issuance	
<b>TEST VEHICLE</b> Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		<b>BUS TYPE</b> (if applicable) <input type="checkbox"/> School Bus <input type="checkbox"/> Abbreviated School Bus <input type="checkbox"/> Passenger Bus			
<b>VEHICLE INSPECTION</b>		Examiner #/Test location:			
Air Brakes: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> No		Transmission: <input type="checkbox"/> Auto <input type="checkbox"/> Manual		Tractor/Trailer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Date – m/d/yyyy		Test Score	
<b>BASIC CONTROL SKILLS</b>		Examiner #/Test location:			
Air Brakes: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> No		Transmission: <input type="checkbox"/> Auto <input type="checkbox"/> Manual		Tractor/Trailer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Date – m/d/yyyy		Test Score	
<b>ROAD TEST</b>		Examiner #/Test location:			
Air Brakes: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> No		Transmission: <input type="checkbox"/> Auto <input type="checkbox"/> Manual		Tractor/Trailer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Date – m/d/yyyy		Test Score	
<b>CDL THIRD PARTY EXAMINER INFORMATION</b>	Examiner # and Test Location		<b>X</b>		
	(Area Code) Telephone Number				
			(Examiner Signature)		(Date – m/d/yyyy)