



CDL SKILLS TEST TRACKING SUMMARY

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

Not valid for DMV license issuance

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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
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TEST VEHICLE Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	BUS TYPE (if applicable) <input type="checkbox"/> School Bus <input type="checkbox"/> Abbreviated School Bus <input type="checkbox"/> Passenger Bus
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VEHICLE INSPECTION 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

BASIC CONTROL SKILLS 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

ROAD TEST 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

CDL THIRD PARTY EXAMINER INFORMATION	Examiner # and Test Location	X	
	(Area Code) Telephone Number		
		(Examiner Signature)	(Date – m/d/yyyy)