



OUT-OF-STATE DRIVER COMMERCIAL TRAINING REPORT

Please scan DL-406CD along with DL-402CD and DL-403CD into CSTIMS

APPLICANT INFORMATION			
APPLICANT NAME		DRIVER'S LICENSE NUMBER / STATE	
INSTRUCTOR NAME	INSTRUCTOR PHONE NUMBER	DATE OF TRAINING	
LOCATION OF TRAINING IN PA			
NAME OF SCHOOL			
ADDRESS 1			
ADDRESS 2			
CITY	STATE	ZIP CODE	SCHOOL TELEPHONE NUMBER
TOPICS COVERED IN TRAINING			
PRE-TRIP		HOURS	MINUTES
BASIC SKILLS		HOURS	MINUTES
ON ROAD		HOURS	MINUTES
TOTAL TRAINING HOURS		HOURS	MINUTES

The signatories below hereby certify under penalty of law that the information contained herein is true and correct. **WARNING: Falsification** to authorities is a misdemeanor of the third degree punishable by a **fine of up to \$2,500 and/or imprisonment up to one year (18 Pa. C.S. Section 4904(b))**.

APPLICANT SIGNATURE_____
APPLICANT TELEPHONE NUMBER_____
DATE_____
INSTRUCTOR SIGNATURE_____
ID NUMBER_____
TELEPHONE NUMBER_____
DATE