

LEARNER'S ACADEMY DRIVING SCHOOL

INCAR FINAL ROAD TEST - MINIMUM MARK TO PASS 80%

Ministry of Transportation / Record of Driver Examination [cite: 1]

Ministère des Transports / Rapport d'examen de conduite

Driver's Licence No. / N° du permis [cite: 1]	Date of Birth / Nais. [cite: 1]	Sex / Sexe [cite: 1]	Height / Taille [cite: 1]	Class / Cat. [cite: 1]	Cond / Rest [cite: 1]
Last Name, First Name and Middle Initial / Nom, prénom et initiale [cite: 1]					

1. Do you wear corrective eyeglasses or contact lenses? [cite: 1] [] Yes [] No

2. Do you suffer from any medical condition or physical disability that may affect your safe operation of a motor vehicle? [cite: 3] [] Yes [] No

I certify that the statements on this application are correct. Maximum penalty for making a false statement is \$500.00. [cite: 7]

1. START [CITE: 9] <input type="checkbox"/> Unable to locate/adjust/operate safety devices <input type="checkbox"/> Fails to observe / uses mirror only <input type="checkbox"/> Fails to signal / improper signal <input type="checkbox"/> Intersections: controlled / uncontrolled <input type="checkbox"/> Right-of-way: ped / self / other traffic <input type="checkbox"/> Incorrect use of: clutch/brake/accelerator/gears/steering	5. TURNS [CITE: 14] <input type="checkbox"/> Signalling: wrong / early / late / not cancelled <input type="checkbox"/> Fails to get in proper position / late into lane <input type="checkbox"/> Right-of-way observance: ped / self / other vehicles <input type="checkbox"/> Turns too wide / cuts corner / enters wrong lane <input type="checkbox"/> Steering: method / control / recovery <input type="checkbox"/> Speed: too slow / enter / leave / impedes
2. BACKING [CITE: 9] <input type="checkbox"/> Fails to look around / to rear before / while backing <input type="checkbox"/> Mirror only / steering method / vehicle position	6. PARKING [CITE: 14] <input type="checkbox"/> Fails to observe / uses mirror only / backing / leaving <input type="checkbox"/> Hits: vehicles or climbs curbs / other objects <input type="checkbox"/> Incorrect vehicle position <input type="checkbox"/> Fails to signal when leaving / incorrect signal
3. DRIVING ALONG [CITE: 9] <input type="checkbox"/> Following distances / cuts in too soon <input type="checkbox"/> Improper choice of lane / straddles lanes <input type="checkbox"/> Fails to check blind spot / observe properly <input type="checkbox"/> Lane change signal: wrong / early / late / none <input type="checkbox"/> Speed: too fast / slow for conditions / impedes traffic	7. STOP, PARK AND START ON A GRADE [CITE: 14] <input type="checkbox"/> Fails to observe properly / uses mirror only / signal <input type="checkbox"/> Rolls back when parking or starting <input type="checkbox"/> Fails to angle wheels properly / set parking brake
4. INTERSECTIONS / R.R. CROSSING [CITE: 12] <input type="checkbox"/> Fails to observe properly <input type="checkbox"/> Fails to obey signs or signals <input type="checkbox"/> Stopping position: too soon or blocks crosswalk <input type="checkbox"/> Right-of-way observance	SUMMARY REASONS FOR DISQUALIFICATION [CITE: 9] <div style="border: 1px solid black; height: 40px;"></div>

FINAL TEST SCORE: _____ / 100 (%) _____

STUDENT SIGNATURE

DATE

DRIVING INSTRUCTOR SIGNATURE

DATE