



First Aid Date: \_\_\_\_\_

Truck Drivers Cert. Number \_\_\_\_\_

Drivers License Number (CDL) \_\_\_\_\_

State of West Virginia  
Office of Miners' Health, Safety and Training  
1615 Washington Street, East  
Charleston, WV 25311-2126  
Web: [www.wvminesafety.org](http://www.wvminesafety.org)

### TRUCK DRIVER EXAMINATION

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Social Security Number

\_\_\_\_\_  
Address    City    State    ZIP

\_\_\_\_\_  
Date of Birth    Height    Weight    Color Eyes    Color of Hair

\_\_\_\_\_  
Examination site    Date

\_\_\_\_\_  
Signature of Applicant

I, the undersigned do hereby certify that the above named applicant has this day appeared before me, in \_\_\_\_\_ County, West Virginia, in person and answered, correctly or incorrectly, the questions of the examination as designated. Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Examiner    Date

22A-1-21(d): Whoever knowingly makes any false statements, representation, or certification in any application, record, report, plan or other document filed or required to be maintained pursuant to this law or any order or decision issued under this shall be guilty of a misdemeanor, and upon conviction thereof, shall be fined not more than \$5,000.00 or imprisoned in the county jail not more than 6 months, or both fined and imprisoned.

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**PLEASE USE CAPITAL LETTERS**

- |           |           |           |
|-----------|-----------|-----------|
| 1. _____  | 11. _____ | 21. _____ |
| 2. _____  | 12. _____ | 22. _____ |
| 3. _____  | 13. _____ | 23. _____ |
| 4. _____  | 14. _____ | 24. _____ |
| 5. _____  | 15. _____ | 25. _____ |
| 6. _____  | 16. _____ | 26. _____ |
| 7. _____  | 17. _____ | 27. _____ |
| 8. _____  | 18. _____ | 28. _____ |
| 9. _____  | 19. _____ | 29. _____ |
| 10. _____ | 20. _____ | 30. _____ |