**Town of -------------- Department of Public Works Training Log**

**Class Type: (Circle one)** CDL A CDL B

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| **Student Name** | **Air Brake****Dates/Times** | **In Cab/Walk Around****Dates/Times** | **Range(Course) BTW Dates/Times** | **Road BTW Dates/Times** |
|  |  |  |  |  |
| **Total Hours** |  |  |  |  |
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Instructor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Certifying completion of *all* required theory/skills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_