

CAP Towing Trailer Check Ride Evaluation

Driver's Name: _____ CAP ID: _____ Trailer COV ID: _____

A=Acceptable U=Unacceptable		
Driving	A/U	Notes/Comments
Assessor will provide a Test Brief (at a minimum, discuss the course or route the driver will take, any hazards or concerns during the test the driver should be aware of, and your expectations during the assessment) *As the assessor, you are not teaching, this is specifically for evaluating the driver's towing experience	N/A	<ul style="list-style-type: none"> - Route/Course - Safety, Hazards, Concerns - Expectations
Vehicle Inspection Completed (CAPF 132 filled out fully and completely)		
Properly Adjusts Mirrors, Seat, Checks Gauges and Seat Belt (Driver/Passengers)		
Wing Specific Guidance slot:		
Trailer	A/U	Notes/Comments
Trailer checklist completed (CAPF 132T filled out fully and correctly)		
Does the driver know the weight and weight requirements for the vehicle and trailer		
Trailer properly hooked-up and secured		
Trailer backing up (straight cone drill, left, right, compact space)		
Demonstrates understanding of additional safety considerations while towing trailer (e.g. speed, wider turns, stopping, & monitoring gear/equipment)		
Wing Specific Guidance slot:		
Overall	A/U	Statement of successfulness of evaluation
Checkride was successful, and the driver is experienced and capable of towing in a safe manner		

Driving assessment **MUST** be completed with a trailer as this is solely for examining the driver's towing experience. This towing assessment can be completed on public roads or open parking lot with cones, existing hazards, etc; but every effort must be made to ensure safe operation of the vehicle for its occupants. Only the driver and the examiner will be in the vehicle for this assessment.

Assessor's Name: _____ **Assessor's Signature:** _____

Assessor's CAP ID: _____ **Assessment Date:** _____