# CAP Towing Trailer Checkride 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 | - Route/Course<br>- Safety, Hazards, Concerns<br>- 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: _____**