ICBC Class 7 or Class 8 Road Test

DL NUMBER	SURNAME	GIVEN NAME(S)	SIGNATURE OF EXAMINEE	C.C. DISP (MC)
			X	

GLOBAL SKILL

A: OBSERVATION
1 Shoulder Check
2 Scan
3 Mirror Check
4 360° Check
5 Direction of Travel
6 Backing
7 Hazard Perception
8 Other

B: SPACE MARGIN
1 Lane Position
2 Follow Distance
3 Stops Too Close/Far
4 Gap
5 Blocks X-Walk
6 Turn Position
7 Occupied X-Walk
8 Manoeuvre Location
9 Other
10 Stop Position
11 Road Position—P/Lot
12 N/A
13 Parking Margins
14 Railroad Xing (MC)

C: SPEED
1 Speed Maintenance
2 Rolling Stop
3 Amber Light
4 Accel/Decel
5 Shifting
6 Rolling Back
7 Other
8 Covers Brakes
9 Emergency Brake

D: STEERING
1 General Steering
2 Other
3 Steering Wheel POS
4 Weight Transfer (MC)

E: COMMUNICATION
1 Signal
2 Timing
3 Cancel
4 Other

Applicant qualifies for:		
Class	YES	NO
7/8	X	

Reason:
- ☐ Skills/Manoeuvre
- ☐ Dangerous Action
- ☐ Violation
- ☐ Other

Next Road Test (by appointment) not before:

INTERSECTION LEFT

	A	B	C	D	E
1					1
2					1
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

1 ST. ANDREWS 2 11TH O

1. NO SIGNAL @ T/C.

ERROR CUT-OFF: 3

A-	
B-	
C-	
D-	
E-	
M-	
QUALIFIED YES	NO
X	

INTERSECTION RIGHT

	A	B	C	D	E
1	5	4			
2		4			
3		4			
4	2				
5					
6					
7					
8					
9					
10					
11					
12					

1 12TH O 2 13TH 3 ST. CHARLES 4 KEITH

1. S/M, S/L ON APPROACH TO T/C 2. S/M (CLEAR GRN) 3. LONG GAP
4. NO SECONDARY SCAN 2.

ERROR CUT-OFF: 3

A-	
B-	
C-	
D-	
E-	
M-	
QUALIFIED YES	NO
X	

INTERSECTION THROUGH

	A	B	C	D	E
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

ERROR CUT-OFF: 4

A-	
B-	
C-	
D-	
E-	
M-	
QUALIFIED YES	NO
X	

GENERAL DRIVING

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
A.															
B.	4														
C.	1	1	1	1											
D.															
E.															

F/H TO ONCOMING ½ ROADWAY

DRIVING TOO SLOW FOR CONDITIONS

37/30 MOODY

HAZARD PERCEPTION

CORRECT	MISSED

ERROR CUT-OFF: 5

A-	
B-	
C-	
D-	
E-	
QUALIFIED YES	NO
X	

VEHICLE HANDLING

	A	B	C	D	E
1 Pre-Trip					
2 Start Park					
3 Pull Over (Hazard 1)					1
4 Hill Park					
5 ~~PP/ U-Turn~~					
6 Back'g/ ~~U-Turn~~					
8					
9 ~~End Park~~					6

ERROR CUT-OFF: 4x

A-	
B-	
C-	
D-	
E-	
M-	
QUALIFIED YES	NO
✓	

DATE (ddmmmyyyy)	START TIME	AGENT NUMBER	ROUTE NUMBER	DE INITIALS	HEAD RESTRAINT: A	C	S	U
19 DEC 2011	1015	92642	77B	CA		4		

MV2938 (042010)

CUSTOMER COPY