

**TRANSPORTATION CENTER FOR EXCELLENCE, INC.
 EXTERNSHIP PROGRAM
 Minimum Total Employer Training over 6 wks**

(Please Print)

TCE Graduate Driver: _____

Social Security #: _____

Current Employer: _____

Week Start Date _____ Week End Date _____

Total On-Duty Driving Hours for Week *(pull from log book)* _____

TCE Graduate Driver's Signature: _____

Supervisor/Trainer Signature & Phone #: _____

	<u># of Hours</u>		<u># of Hours</u>
Company/Industry Orientation	_____	Accident Procedures	_____
Trip Planning	_____	Securing Loads	_____
Map Reading	_____	Pre-trip Inspection	_____
Qualcomm™ – GPS	_____	En Route Inspection	_____
Logged Drive	_____	Post-trip Inspection	_____
Tolls	_____	Light Maintenance	_____
Weigh	_____	Drop & Hook	_____
Fueling	_____	Adverse Weather Driving	_____
Shipping Papers	_____	Railroad Crossings)	_____
Hazardous Material Documentation	_____	Night Driving	_____
Diagnosing & Reporting Malfunctions	_____	Sliding 5 th Wheel & Tandems	_____
Reporting Requirements (DVIR)	_____	Purging Air System	_____

For Office Use Only: Total
DB
EXT

<p>Completed form must be returned to: Transportation Center for Excellence ATTN: FINANCIAL AID-EXTERNSHIP 2755 Highway 55, Suite 200 Eagan, MN 55121 651-683-8383 or fax to: 651-681-0137</p>
