SCHOOL BUS DRIVER
DAILY TESTING RESULTS
FORM NO.: Y-8A REV. 10-2025

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
SPECIALIZED DRIVER TESTING AND RETESTING DIVISION

E-MAIL OR FAX TO: SPECIALIZED DRIVER TESTING AND RETRESTING DIVISION DMV-DETU@CT.GOV FAX: 860-263-5514

PART 1: AN INSTRUCTOR MUST COMPLETE PART 1 OF THIS FORM IN IT'S ENTIRETY FOR ALL APPLICANTS PRESENTED FOR TESTING

NAME OF INSTRUCTOR: (PLEASE PRINT)	ID NO.:	AUTHORIZED SIGNATURE: (INSTRUCTOR)	NAME OF CONTRACT SCHOOL BOARD/DISTRICT:	CITY/TOWN/DISTRICT SERVED:	DATE:

COMPANY NAME:	COMPANY ADDRESS:	CITY:	STATE:	ZIP:	TEL PHONE:	FAX:

START TIME OF TEST:	END TIME OF TEST:	ID NO.:	OPERATOR LICENSE NO.:	DATE OF BIRTH:	NAME OF APPLICANT:	PERU 90-DAY ISSUE DATE	LICENSE CLASS:	LAST TEST DATE:	LIC. EXP DATE:	TYPE OF TEST:		**** DMV USE ONLY **** TEST RESULTS - (CIRCLE CODE)
										☐ NEW APPL ☐ NEW AP RETEST #	☐ PROFIC ☐ PROFIC RETEST #	P PT S N/S R REF A C I/D I/T
										☐ NEW APPL ☐ NEW AP RETEST #	☐ PROFIC ☐ PROFIC RETEST #	P PT S N/S R REF A C I/D I/T
										☐ NEW APPL ☐ NEW AP RETEST #	☐ PROFIC ☐ PROFIC RETEST #	P PT S N/S R REF A C I/D I/T
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										☐ NEW APPL ☐ NEW AP RETEST #	☐ PROFIC ☐ PROFIC RETEST #	P PT S N/S R REF A C I/D I/T
										☐ NEW APPL ☐ NEW AP RETEST #	☐ PROFIC ☐ PROFIC RETEST #	P PT S N/S R REF A C I/D I/T
										☐ NEW APPL ☐ NEW AP RETEST #	☐ PROFIC ☐ PROFIC RETEST #	P PT S N/S R REF A C I/D I/T
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										☐ NEW APPL ☐ NEW AP RETEST #	☐ PROFIC ☐ PROFIC RETEST #	P PT S N/S R REF A C I/D I/T

PART 2: TO BE COMPLETED BY DMV:

LOCATION:	TYPE OF EXAMINATION:	LICENSE CLASS:	INSPECTOR/LICENSING AGENT'S NAME & BADGE NO.:	DATE:
	CDL ☐ A ☐ B ☐ C	☐ K ☐ DQ		

	PASS :	PRE-TRIP FAIL:	STATIC FAIL:	ROAD TEST FAIL:	REFUSAL TO SUBMIT TO TEST-FAIL:	ADD:	CANCEL:	INCOMPLETE DOC'S:	INCOMPLETE TEST:	NO SHOW:
NEW APPLICANTS: TOTALS OF TEST RESULTS										
PROFICIENCIES: TOTALS OF TEST RESULTS										

COMMENTS:

*** P - PASS** ***TEST FAILURES:*** **PT - PRETRIP S - STATIC R - ROAD TEST REF - REFUSAL TO TEST** ***OTHER:*** **A - ADD C - CANCEL I/D - INCOMP DOC I/T - INCOMP TEST N/S - NO SHOW**