

Test score sheet

Class C Car Driving Test									
Test started		Applicant's signature							
24 hour time									
Test vehicle plate no.		Name of driving instructor							
State		Name of driving school							
DI Licence number				Driving school number					
Instructor's vehicle <input type="checkbox"/>		Other vehicle <input type="checkbox"/>		Automatic <input type="checkbox"/>		Manual <input type="checkbox"/>			
Termination									
1	2	3	4	5	6	7	8	9	10
Test not conducted/terminated/ immediate fail because:				Manager verifying reason					
F IF Fail and Immediate Fail items									
<input type="checkbox"/>	<input type="checkbox"/>	1. Disobeying traffic signs, signals or road markings.							
<input type="checkbox"/>	<input type="checkbox"/>	2. Failing to give way when necessary.							
<input type="checkbox"/>	<input type="checkbox"/>	3. Colliding with a vehicle, pedestrian or object.							
<input type="checkbox"/>	<input type="checkbox"/>	4. Performing an illegal act or manoeuvre.							
<input type="checkbox"/>	<input type="checkbox"/>	5. Exceeding the speed limit.							
<input type="checkbox"/>	<input type="checkbox"/>	6. Action requiring testing officer intervention.							
<input type="checkbox"/>	<input type="checkbox"/>	7. Causing a dangerous situation.							
<input type="checkbox"/>	<input type="checkbox"/>	8. Failing to maintain proper control of the vehicle.							
<input type="checkbox"/>	<input type="checkbox"/>	9. Failing to exercise due care to avoid an accident.							
<input type="checkbox"/>	<input type="checkbox"/>	10. Failing to give way to an emergency vehicle.							
<input type="checkbox"/>	<input type="checkbox"/>	11. Disobeying directions from a person controlling traffic.							
<input type="checkbox"/>	<input type="checkbox"/>	12. Frequently not signalling intention. Total <input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	13. Refusing to attempt any part of the test.							
<input type="checkbox"/>	<input type="checkbox"/>	14. Repeated or deliberate failure to follow directions.							
<input type="checkbox"/>	<input type="checkbox"/>	15. Unreasonably obstructing other vehicles or pedestrians.							
<input type="checkbox"/>	<input type="checkbox"/>	16. Receiving external advice or instruction during the test.							
<input type="checkbox"/>	<input type="checkbox"/>	17. Not parking to the required standard.							
<input type="checkbox"/>	<input type="checkbox"/>	18. Failing to maintain a safe following distance.							
<input type="checkbox"/>	<input type="checkbox"/>	19. Frequently not making required observation checks. Total <input type="checkbox"/>							
My result has been explained to me									
Applicant's signature				Date					
				day / month / year					
Assessments									
S	P	D	Z	H	R	C	Notes		
S	P	D	1	H	R	C			
S	P	D	2	H	R	C			
S	P	D	3	H	R	C			
S	P	D	4	H	R	C			
S	P	D	5	H	R	C			
S	P	D	6	H	R	C			
S	P	D	7	H	R	C			
S	P	D	8	H	R	C			
S	P	D	9	H	R	C			
S	P	D	10	H	R	C			
S	P	D	11	H	R	C			
S	P	D	12	H	R	C			
S	P	D	13	H	R	C			
S	P	D	14	H	R	C			
S	P	D	15	H	R	C			
S	P	D	16	H	R	C			
S	P	D	17	H	R	C			
S	P	D	18	H	R	C			
S	P	D	19	H	R	C			
S	P	D	20	H	R	C			
S	P	D	21	H	R	C			
S	P	D	22	H	R	C			
S	P	D	23	H	R	C			
S	P	D	24	H	R	C			
S	P	D	25	H	R	C			
			Yes						
			No						
25	25	25				25			
Totals									
Results									
<input type="checkbox"/> Pass			<input type="checkbox"/> Fail			Number of 'fail' items			
<div style="display: flex; justify-content: space-between;"> <div>Office use only</div> <div>Test finished</div> <div>I certify that I have tested the applicant in accordance with Transport for NSW procedures.</div> <div>CSRDT's signature</div> <div>Percentage range</div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="height: 30px;"></div> <div style="text-align: center;">24 hour time</div> <div style="height: 30px;"></div> <div style="height: 30px;"></div> <div style="text-align: center;">range</div> </div>									
45071250 (08/22) Form1408									