



Transport  
Roads & Maritime  
Services



## Heavy Vehicle Competency Based Assessment Learner Log book

Interstate Licence Applicants  
Learner's name:

First Name:	Middle Name:
Last Name:	
Address:	
State:	Interstate Licence Number:
Current Licence Class:	Licence Class Attempting:

Important note: This log book is only to be used to record training and assessment details for an interstate licence holder returning to their home state to upgrade their interstate licence

**NOT VALID FOR A NSW LICENCE APPLICANT COMPLETING HVCBA.**

Applicant's Signature:

## bribery is against the law

Most people involved with issuing and obtaining a licence are honest.

You are reminded that you must not offer your assessor money, gifts or other favours and that your assessor must not ask you for money, gifts or favours in order to gain a heavy vehicle driver licence without fully demonstrating your driving ability to the criteria requirements.

### **These practices are illegal**

Penalties are severe and include fines and imprisonment. all cases of corruption will be investigated and strong action will be taken against all those involved. If you know or believe that anyone has got or is about to get a heavy vehicle driver licence by offering or responding to a request for a bribe – or if you suspect or know of any other corruption involving another applicant, driving instructor or assessor, you should report the event to:

roads and Maritime on 1800 043 642

The Independent Commission against Corruption (ICaC)  
on (02) 8281 5999

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## State authority Details

To ensure that the registered Training organisation (rTo) you have selected is roads and Maritime Services accredited you should check the accredited rTo listings on the roads and Maritime website.

Your assessor will supply, or advise you on the type of vehicle required for your assessment, according to the class of licence you are attempting to achieve.

You are entitled to change your driving instructor or assessor at any time. remember, though, only accredited assessors can sign off criteria in your log book.

Your assessor is also required to report your progress directly to roads and Maritime within two days of completing a criteria. If you wish to check that your assessor(s) have kept the roads and Maritime record up-to-date, you may request a Progress report from the rTo.

on the next working day (or later) after completion of the Final Competency assessment (FCa), has been signed off in your log book, you may attend a roads and Maritime registry and on payment of the appropriate licence fee, be issued with a heavy vehicle driver licence.

Your log book will be kept by the rTo at the completion of your successful assessment.

Your final assessor may also issue you with a certificate stating the type of vehicle in which you were assessed. This could be important to you when seeking employment.

at the back of the log book is your personal driver training & assessment record. It is strongly recommended you keep this record and get your driving instructor or accompanying driver to fill it out after each lesson. This record will show an assessor the amount of driving experience and instruction you have obtained. In particular, this will help both you and the assessor to keep a check on how much instruction you are receiving prior to being assessed.

More detailed information on Heavy Vehicle Competency based assessment (HVCba) is available in the HVCba guide. Please read this guide carefully as it tells you exactly what is required from you, and what you should expect from your assessor.

roads and Maritime will be checking that the heavy vehicle competency system operates fairly and honestly. Your log book should be produced on demand by a roads and Maritime audit officer.

You may also be asked to demonstrate your current level of driving skill to a roads and Maritime audit officer. You will not have to pay for this.

## Completion Check List

No.	Criteria correctly demonstrated	3
1	Pre operational Checks	
2	Cabin Drill	
3	Start, move off, shut down and secure	
4	Manages Steering	
5	Manages gears	
6	Manages brakes	
7	Manages accelerator	
8	Create & maintain Crash avoidance Space (CaS)	

No.	Criteria correctly demonstrated	3
9	Protect Crash avoidance Space (CaS)	
10	Road rules and Directions	
11	Reverse	
12	Hill Stop/Start	
13	Load Securing	
14	Coupling/Uncoupling (HC and MC only)	
15	Bus Stop Procedure	

### ASSESSOR CERTIFICATION

I certify that all relevant assessment criteria for the specified class of licence have been completed and the applicant is eligible to attempt an FCA.

Assessor Number	Assessor Name	Assessor Signature	Applicant Signature

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## Your assessment session record

Session No 1

Date		Session times			Odometer readings			
		Start		Finish		Start		Finish
Vehicle registration no.				State				
				State				
				State				
				State				
Vehicle body type		Transmission type Circle type		<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> M	Vehicle GVM/GCM	
								kgs
Assessment location/s								
Completed criteria enter successfully completed criteria below:								
Assessor number		Assessor name			Assessor signature		Applicant signature	

## Your assessment session record

### Session No 2

Date		Session times				Odometer readings				
		Start		Finish		Start		Finish		
Vehicle registration no.					State					
Vehicle body type				Transmission type	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> M	Vehicle GVM/GCM		
				Circle type						kgs
Assessment location/s										
Completed criteria enter successfully completed criteria below:										
Assessor number		Assessor name			Assessor signature			Applicant signature		

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## Your assessment session record

### Session No 3

Date		Session times				Odometer readings			
		Start		Finish		Start		Finish	
Vehicle registration no.					State				
					Trailer registration no.				
					'a' Trailer			State	
					'b' Trailer			State	
Vehicle body type		Transmission type		<input type="radio"/> A	<input type="radio"/> S	<input type="radio"/> M	Vehicle GVM/GCM		kgs
Assessment location/s									
Completed criteria enter successfully completed criteria below:									
Assessor number		Assessor name			Assessor signature			Applicant signature	



## Your assessment session record

### Session No 4

Date		Session times				Odometer readings			
		Start		Finish		Start		Finish	
Vehicle registration no.					State				
					Trailer registration no.				
					'a' Trailer			State	
					'b' Trailer			State	
Vehicle body type		Transmission type		<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> M	Vehicle GVM/GCM		
		Circle type		kgs					
Assessment location/s									
Completed criteria enter successfully completed criteria below:									
Assessor number		Assessor name			Assessor signature			Applicant signature	

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## Your assessment session record

### Session No 5

Date		Session times				Odometer readings				
		Start		Finish		Start		Finish		
Vehicle registration no.					State					
Vehicle body type				Transmission type	<input type="radio"/> A	<input type="radio"/> S	<input type="radio"/> M	Vehicle GVM/GCM		
				Circle type						kgs
Assessment location/s										
Completed criteria enter successfully completed criteria below:										
Assessor number		Assessor name			Assessor signature			Applicant signature		

## Your assessment session record

### Session No 6

Date		Session times				Odometer readings			
		Start		Finish		Start		Finish	
Vehicle registration no.					State				
					Trailer registration no.				
					'a' Trailer			State	
					'b' Trailer			State	
Vehicle body type		Transmission type		<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> M	Vehicle GVM/GCM		
		Circle type		kgs					
Assessment location/s									
Completed criteria enter successfully completed criteria below:									
Assessor number		Assessor name			Assessor signature			Applicant signature	

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## Final Competency Assessment (FCA)

Result ☐ Pass ☐ Fail ☐ Terminated

Date	Session times		Odometer readings	
	Start	Finish	Start	Finish
Vehicle registration no.	State		Trailer registration no.	
Vehicle body type			'a' Trailer	State
Transmission type Circle type	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> M	'b' Trailer
Vehicle GVM/GCM	Assessment location/s			

FCA conducted by ☐ Assessor only ☐ Assessor with Auditor present ☐ Auditor only

Assessor number	Assessor name	Assessor signature	Applicant signature
	Auditor name	Auditor signature	Applicant signature

### Assessor Certification:

I certify that I have completed an FCA only and have not conducted any additional training or assessment for this applicant.

Assessor signature	Assessor no.

## Final Competency Assessment (FCA)

**Result** ☐ **Pass** ☐ **Fail** ☐ **Terminated**

Date	Session times		Odometer readings	
	Start		Finish	
Vehicle registration no.			State	
Vehicle body type			Trailer registration no.	
Transmission type Circle type	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> M	
Vehicle GVM/GCM		Assessment location/s		

**FCA conducted by** ☐ **Assessor only** ☐ **Assessor with Auditor present** ☐ **Auditor only**

Assessor number	Assessor name	Assessor signature	Applicant signature
	Auditor name	Auditor signature	Applicant signature

### Assessor Certification:

I certify that I have completed an FCA only and have not conducted any additional training or assessment for this applicant.

Assessor signature	Assessor no.

XXXXXXXXXX

## Final Competency Assessment (FCA)

<b>Result</b>	<input type="checkbox"/> <b>Pass</b>		<input type="checkbox"/> <b>Fail</b>		<input type="checkbox"/> <b>Terminated</b>	
Date	Session times				Odometer readings	
	Start		Finish		Start	Finish
Vehicle registration no.			State		Trailer registration no.	
Vehicle body type					'a' Trailer	State
Transmission type Circle type	<input type="checkbox"/> <b>A</b>	<input type="checkbox"/> <b>S</b>	<input type="checkbox"/> <b>M</b>		'b' Trailer	State
Vehicle GVM/GCM			Assessment location/s			

**FCA conducted by** ☐ **Assessor only** ☐ **Assessor with Auditor present** ☐ **Auditor only**

Assessor number	Assessor name	Assessor signature	Applicant signature
	Auditor name	Auditor signature	Applicant signature

### Assessor Certification:

I certify that I have completed an FCA only and have not conducted any additional training or assessment for this applicant.

Assessor signature	Assessor no.

## Final Competency Assessment (FCA)

☐ **Pass**
☐ **Fail**
☐ **Terminated**

Date	Session times		Odometer readings	
	Start	Finish	Start	Finish
Vehicle registration no.	State		Trailer registration no.	
Vehicle body type			'a' Trailer	State
Transmission type Circle type	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> M	'b' Trailer
Vehicle GVM/GCM	Assessment location/s			

**FCA conducted by**
☐ **Assessor only**
☐ **Assessor with Auditor present**
☐ **Auditor only**

Assessor number	Assessor name	Assessor signature	Applicant signature
	Auditor name	Auditor signature	Applicant signature

### Assessor Certification:

I certify that I have completed an FCA only and have not conducted any additional training or assessment for this applicant.

Assessor signature	Assessor no.

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## Competency Test (CT)

☐ **Pass**
☐ **Fail**
☐ **Terminated**

Date	Session times		Odometer readings	
	Start	Finish	Start	Finish
Vehicle registration no.	State		Trailer registration no.	
Vehicle body type			'a' Trailer	State
Transmission type Circle type	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> M	'b' Trailer
Vehicle GVM/GCM	Assessment location/s			

**CT conducted by**
☐ **Assessor only**
☐ **Assessor with Auditor present**

Assessor number	Assessor name	Assessor signature	Applicant signature
	Auditor name	Auditor signature	Applicant signature

### Assessor Certification:

I certify that I have completed a CT for this applicant.

Assessor signature	Assessor no.



## Competency Test (CT)

☐ **Pass**
☐ **Fail**
☐ **Terminated**

Date	Session times		Odometer readings	
	Start	Finish	Start	Finish
Vehicle registration no.	State		Trailer registration no.	
Vehicle body type			'a' Trailer	State
Transmission type Circle type	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> M	'b' Trailer
Vehicle GVM/GCM	Assessment location/s			

**CT conducted by**
☐ **Assessor only**
☐ **Assessor with Auditor present**

Assessor number	Assessor name	Assessor signature	Applicant signature
	Auditor name	Auditor signature	Applicant signature

### Assessor Certification:

I certify that I have completed a CT for this applicant.

Assessor signature	Assessor no.

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## Competency Test (CT)

☐ **Pass**
☐ **Fail**
☐ **Terminated**

Date	Session times		Odometer readings	
	Start	Finish	Start	Finish
Vehicle registration no.	State		Trailer registration no.	
Vehicle body type			'a' Trailer	State
Transmission type Circle type	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> M	'b' Trailer
Vehicle GVM/GCM	Assessment location/s			

**CT conducted by**
☐ **Assessor only**
☐ **Assessor with Auditor present**

Assessor number	Assessor name	Assessor signature	Applicant signature
	Auditor name	Auditor signature	Applicant signature

### Assessor Certification:

I certify that I have completed a CT for this applicant.

Assessor signature	Assessor no.

## Competency Test (CT)

Result ☐ Pass ☐ Fail ☐ Terminated

Date	Session times		Odometer readings	
	Start	Finish	Start	Finish
Vehicle registration no.	State		Trailer registration no.	
Vehicle body type			'a' Trailer	State
Transmission type Circle type	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> M	'b' Trailer
Vehicle GVM/GCM	Assessment location/s			

CT conducted by ☐ Assessor only ☐ Assessor with Auditor present

Assessor number	Assessor name	Assessor signature	Applicant signature
	Auditor name	Auditor signature	Applicant signature

### Assessor Certification:

I certify that I have completed a CT for this applicant.

Assessor signature	Assessor no.

XXXXXXXXXX

## Your personal driver training and assessment record

either complete the session number box (if appropriate) <b>or</b> all the boxes below				Date		accompanying driver's surname and licence no. <b>or</b> assessor's no.	
gVM (kgs)	Vehicle registration no:	gearbox type:  *see key	activity type:  *see key	Instructor type:  *see key	Start time:	Driving activity undertaken Show all training and/or assessment of criteria (Show all criteria assessed, regardless of the result)	
body	Trailer registration no:				end time:		

Optional completion				Always to be completed			
refer to assessment session record		Session no.		Date			
Vehicle		<b>A S M</b>	<b>I E AS</b>	<b>P DI DIA</b>	hrs	Training	
Trailer					hrs	assessment of criteria	
refer to assessment session record		Session no.		Date			
Vehicle		<b>A S M</b>	<b>I E AS</b>	<b>P DI DIA</b>	hrs	Training	
Trailer					hrs	assessment of criteria	
refer to assessment session record		Session no.		Date			
Vehicle		<b>A S M</b>	<b>I E AS</b>	<b>P DI DIA</b>	hrs	Training	
Trailer					hrs	assessment of criteria	

## Your personal driver training and assessment record

refer to assessment session record		Session no.		Date			
Vehicle		<b>A</b>	<b>I</b>	<b>P</b>	hrs	Training	
Trailer		<b>S</b>	<b>E</b>	<b>DI</b>	hrs	assessment of criteria	
		<b>M</b>	<b>AS</b>	<b>DIA</b>			

  

Refer to assessment session record		Session no.		Date			
Vehicle		<b>A</b>	<b>I</b>	<b>P</b>	hrs	Training	
Trailer		<b>S</b>	<b>E</b>	<b>DI</b>	hrs	assessment of criteria	
		<b>M</b>	<b>AS</b>	<b>DIA</b>			

  

refer to assessment session record		Session no.		Date			
Vehicle		<b>A</b>	<b>I</b>	<b>P</b>	hrs	Training	
Trailer		<b>S</b>	<b>E</b>	<b>DI</b>	hrs	assessment of criteria	
		<b>M</b>	<b>AS</b>	<b>DIA</b>			

\* Using this table, circle the appropriate type in your personal driver training record

<b>Gearbox type</b> <b>A</b> = Automatic <b>S</b> = Synchromesh <b>M</b> = Manual	<b>Activity type</b> <b>I</b> = Instruction <b>E</b> = Experience <b>AS</b> = Assessment	<b>Instructor type</b> <b>P</b> = Private <b>DI</b> = Driving Instructor <b>DIA</b> = Driving Instructor/Assessor
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## Your personal driver training and assessment record

either complete the session number box (if appropriate) <b>or</b> all the boxes below				Date		accompanying driver's surname and licence no. <b>or</b> assessor's no.	
gVM (kgs)	Vehicle registration no:	gearbox type:  *see key	activity type:  *see key	Instructor type:  *see key	Start time:	Driving activity undertaken Show all training and/or assessment of criteria (Show all criteria assessed, regardless of the result)	
body	Trailer registration no:				end time:		

Optional completion				Always to be completed			
refer to assessment session record		Session no.		Date			
Vehicle		<b>A S M</b>	<b>I E AS</b>	<b>P DI DIA</b>	hrs	Training	
Trailer					hrs	assessment of criteria	
refer to assessment session record		Session no.		Date			
Vehicle		<b>A S M</b>	<b>I E AS</b>	<b>P DI DIA</b>	hrs	Training	
Trailer					hrs	assessment of criteria	
refer to assessment session record		Session no.		Date			
Vehicle		<b>A S M</b>	<b>I E AS</b>	<b>P DI DIA</b>	hrs	Training	
Trailer					hrs	assessment of criteria	

## Your personal driver training and assessment record

refer to assessment session record		Session no.		Date			
Vehicle		<b>A</b>	<b>I</b>	<b>P</b>	hrs	Training	
Trailer		<b>S</b>	<b>E</b>	<b>DI</b>	hrs	assessment of criteria	
		<b>M</b>	<b>AS</b>	<b>DIA</b>			

  

refer to assessment session record		Session no.		Date			
Vehicle		<b>A</b>	<b>I</b>	<b>P</b>	hrs	Training	
Trailer		<b>S</b>	<b>E</b>	<b>DI</b>	hrs	assessment of criteria	
		<b>M</b>	<b>AS</b>	<b>DIA</b>			

  

refer to assessment session record		Session no.		Date			
Vehicle		<b>A</b>	<b>I</b>	<b>P</b>	hrs	Training	
Trailer		<b>S</b>	<b>E</b>	<b>DI</b>	hrs	assessment of criteria	
		<b>M</b>	<b>AS</b>	<b>DIA</b>			

\* Using this table, circle the appropriate type in your personal driver training record

<b>Gearbox type</b>	<b>Activity type</b>	<b>Instructor type</b>
<b>A</b> = Automatic	<b>I</b> = Instruction	<b>P</b> = Private
<b>S</b> = Synchromesh	<b>E</b> = Experience	<b>DI</b> = Driving Instructor
<b>M</b> = Manual	<b>AS</b> = Assessment	<b>DIA</b> = Driving Instructor/Assessor

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either complete the session number box (if appropriate) <b>or</b> all the boxes below				Date		accompanying driver's surname and licence no. <b>or</b> assessor's no.	
gVM (kgs)	Vehicle registration no:	gearbox type:  *see key	activity type:  *see key	Instructor type:  *see key	Start time:	Driving activity undertaken Show all training and/or assessment of criteria (Show all criteria assessed, regardless of the result)	
body	Trailer registration no:				end time:		

Optional completion				Always to be completed			
refer to assessment session record		Session no.		Date			
Vehicle		<b>A S M</b>	<b>I E AS</b>	<b>P DI DIA</b>	hrs	Training	
Trailer					hrs	assessment of criteria	
refer to assessment session record		Session no.		Date			
Vehicle		<b>A S M</b>	<b>I E AS</b>	<b>P DI DIA</b>	hrs	Training	
Trailer					hrs	assessment of criteria	
refer to assessment session record		Session no.		Date			
Vehicle		<b>A S M</b>	<b>I E AS</b>	<b>P DI DIA</b>	hrs	Training	
Trailer					hrs	assessment of criteria	



## Your personal driver training and assessment record

refer to assessment session record		Session no.		Date			
Vehicle		<b>A</b>	<b>I</b>	<b>P</b>	hrs	Training	
Trailer		<b>S</b>	<b>E</b>	<b>DI</b>	hrs	assessment of criteria	
		<b>M</b>	<b>AS</b>	<b>DIA</b>			

  

refer to assessment session record		Session no.		Date			
Vehicle		<b>A</b>	<b>I</b>	<b>P</b>	hrs	Training	
Trailer		<b>S</b>	<b>E</b>	<b>DI</b>	hrs	assessment of criteria	
		<b>M</b>	<b>AS</b>	<b>DIA</b>			

  

refer to assessment session record		Session no.		Date			
Vehicle		<b>A</b>	<b>I</b>	<b>P</b>	hrs	Training	
Trailer		<b>S</b>	<b>E</b>	<b>DI</b>	hrs	assessment of criteria	
		<b>M</b>	<b>AS</b>	<b>DIA</b>			

\* Using this table, circle the appropriate type in your personal driver training record

<b>Gearbox type</b> <b>A</b> = Automatic <b>S</b> = Synchromesh <b>M</b> = Manual	<b>Activity type</b> <b>I</b> = Instruction <b>E</b> = Experience <b>AS</b> = Assessment	<b>Instructor type</b> <b>P</b> = Private <b>DI</b> = Driving Instructor <b>DIA</b> = Driving Instructor/Assessor
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## Your personal driver training and assessment record

either complete the session number box (if appropriate) <b>or</b> all the boxes below				Date		accompanying driver's surname and licence no. <b>or</b> assessor's no.
gVM (kgs)	Vehicle registration no:	gearbox type:	activity type:	Instructor type:	Start time:	Driving activity undertaken Show all training and/or assessment of criteria (Show all criteria assessed, regardless of the result)
body	Trailer registration no:				end time:	
		*see key	*see key	*see key		

Optional completion				Always to be completed			
refer to assessment session record		Session no.		Date			
Vehicle		A S M	I E AS	P DI DIA	hrs	Training	
Trailer					hrs	assessment of criteria	
refer to assessment session record		Session no.		Date			
Vehicle		A S M	I E AS	P DI DIA	hrs	Training	
Trailer					hrs	assessment of criteria	
refer to assessment session record		Session no.		Date			
Vehicle		A S M	I E AS	P DI DIA	hrs	Training	
Trailer					hrs	assessment of criteria	

## Your personal driver training and assessment record

refer to assessment session record		Session no.		Date			
Vehicle		<b>A</b>	<b>I</b>	<b>P</b>	hrs	Training	
Trailer		<b>S</b>	<b>E</b>	<b>DI</b>	hrs	assessment of criteria	
		<b>M</b>	<b>AS</b>	<b>DIA</b>			

  

refer to assessment session record		Session no.		Date			
Vehicle		<b>A</b>	<b>I</b>	<b>P</b>	hrs	Training	
Trailer		<b>S</b>	<b>E</b>	<b>DI</b>	hrs	assessment of criteria	
		<b>M</b>	<b>AS</b>	<b>DIA</b>			

  

refer to assessment session record		Session no.		Date			
Vehicle		<b>A</b>	<b>I</b>	<b>P</b>	hrs	Training	
Trailer		<b>S</b>	<b>E</b>	<b>DI</b>	hrs	assessment of criteria	
		<b>M</b>	<b>AS</b>	<b>DIA</b>			

\* Using this table, circle the appropriate type in your personal driver training record

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For further enquiries:

[rms.nsw.gov.au](http://rms.nsw.gov.au)

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Roads and Maritime

September 2015  
RMS/Pub 04.328

Cat No. 45071675