

APPLICATION FOR NEW ON-BUS-INSTRUCTOR CERTIFICATION

Pre-Service School Bus Driver Training

4200 State Rd

Ashtabula, OH 44004

Serving Ashtabula, Geauga, Lake, Mahoning, Portage, Summit and Trumbull Counties

Name _____ Date _____

Address _____

Telephone _____ Cell _____

School District _____ E-mail _____

CDL# _____ Class A B

Restrictions on License _____ Birth Date _____

CHECK LIST

- Recommendation from School District or other qualifying agency
(Letter from Transportation Supervisor to Pre-Service Coordinator)
- Current Bus Driver Pre-Service Certificate and Annual Certification
(Requirements) – Ohio Pupil Transportation Operation and Safety Rules 3301-83-10
- Attended Current Pre-Service Class _____
(Within last 12 months) (Location) (Date)

As an On-Bus-Instructor I will train in accordance with the Ohio School Bus Driver Training Manual, C.D.L. Handbook, Ohio Motor Vehicle Digest, and Ohio Pupil Operation and Safety Rules and attend annual O.B.I. meeting and any scheduled training sessions. I understand that if I fail to attend the annual meeting and training sessions the pre-service coordinator will revoke my O.B.I. training certificate.

O.B.I. Applicant Signature Date

Veteran O.B.I. Signature Date

Transportation Supervisor Signature Date

**At the conclusion of new driver training, complete and send to Bill Leaming.
Please copy and retain for your records.**

Reviewed paperwork and training procedures with Pre-Service Coordinator

Date _____

O.B.I. Evaluation with Pre-Service Coordinator

Date _____ Pre-Trip Score _____ Driving Evaluation Score _____

Veteran O.B.I. Evaluation of New Driver #1

Driver Name _____

Date _____ Pre-Trip Score _____ Driving Evaluation Score _____

New O.B.I. Final Evaluation of New Driver

Date _____ Pre-Trip Score _____ Driving Evaluation Score _____

T-9 Completed by New OBI on New Driver

Enclosed Copy of Training Log Book for driver

Copy of CDL test

Veteran O.B.I. Evaluation of New Driver #2

Driver Name _____

Date _____ Pre-Trip Score _____ Driving Evaluation Score _____

New O.B.I. Final Evaluation of New Driver

Date _____ Pre-Trip Score _____ Driving Evaluation Score _____

T-9 Completed by New OBI on New Driver

Enclosed Copy of Training Log Book for driver

Copy of CDL test

Veteran O.B.I. Evaluation of New Driver #3

Driver Name _____

Date _____ Pre-Trip Score _____ Driving Evaluation Score _____

New O.B.I. Final Evaluation of New Driver

Date _____ Pre-Trip Score _____ Driving Evaluation Score _____

T-9 Completed by New OBI on New Driver

Enclosed Copy of Training Log Book for driver

Copy of CDL test