

APPLICATION FOR OHIO PRESERVICE SCHOOL BUS DRIVER TRAINING CERTIFICATION

INFORMATION MUST BE SUBMITTED THROUGH ODE'S WEB-BASED REPORTING SYSTEM IN ORDER TO BE VALID.
SUBMISSION OF THIS REPORT WITHOUT REQUIRED SUPPORTING DOCUMENTATION ON FILE CONSTITUTES FALSIFICATION.

I. Applicant's Name: _____ CDL No.: _____ Employer: _____
 Address: _____ Date of Birth: _____ School District: _____
 City _____ State _____ Zip _____ Address: _____
 City _____ State _____ Zip _____

I have completed the required training pursuant to revised and administrative codes as required by the Ohio Department of Education.

Signature of Applicant Date

II. NEW DRIVER REQUIREMENTS

To be completed by the OBI for new drivers, or those whose employment has been interrupted for a period of six or more years, or for a driver with an expired pre-service certificate.

__/__/__ 1. Classroom hours with Ohio Pre-Service School Bus Driver Training Instructor were attended at: _____ in the county of: _____ (Pre-service class valid for 12 months from date of last day of class)

__/__/__ 2. On-The-Bus Instruction and Driving Evaluation administered by certified O.B.I. and/or Pre-Service Instructor
 OBI Pre-Trip Score: _____ OBI Driving Evaluation Score: _____
 OBI Signature _____

__/__/__ 3. Issue Date of Commercial Drivers License from deputy registrar

__/__/__ 4. In accordance with O.A.C.3301-83-10-A-4, the Applicant was issued a Temporary Three-Month Certificate. As noted in Item 1, the classroom portion of training was not completed prior to items 2 and 3.

III. RECERTIFICATION REQUIREMENTS

To be completed by the OBI for re-certifying drivers, or those whose employment has been interrupted for a period of more than two years, but less than six years, and hold a current pre-service certificate.

__/__/__ 1. Classroom hours with Ohio Pre-Service School Bus Driver Training Instructor were attended at: _____ in the county of: _____ (Recert class valid for 12 months from date of last day of class)

OR

__/__/__ 2. Attended all of the Ohio Advanced School Bus Training Program (24 months prior to expiration of certificate)
 Location _____ Year _____
 __/__/__ 3. On-The-Bus Instruction and Driving Evaluation administered by certified O.B.I. and/or Pre-Service Instructor

OBI Pre-Trip Score: _____ OBI Driving Evaluation Score _____
 OBI Signature _____

OR

__/__/__ 4. Competed in a Regional or State School Bus Safety ROAD-E-O and scored 80% of the total possible points. (24 months prior to expiration of certificate)
 ROAD-E-O Score _____ Regional/State _____ Year _____

IV. To be completed by the transportation administrator.

In addition to the above requirements, the items listed below must be completed in accordance with Ohio Revised and Administrative Codes. Copies of the following documents are required to be on file at the bus owner's facility for a period of 6 years.

- | | |
|--|---|
| 1. Satisfactory T-8 School Bus Driver Physical Examination. | 5. School Bus Driver training records |
| 2. Completed and received satisfactory BCI&I and FBI background checks | 6. Evidence of training related to Drugs and Alcohol |
| 3. Satisfactory semi-annual BMV Driver Record Check | 7. Evidence of training related to Blood-borne Pathogens |
| 4. Satisfactory Drug-Alcohol test results and FMCSA Check Form | 8. In-service training records and Annual Driving Certificate |

Transportation Administrator's Signature Date

V. FOR NEW DRIVERS ONLY:

This section must be completed after issuance of a pre-service certificate. New drivers must complete the following:

Route observation with experienced driver and students on board. Date completed __/__/__	Drive a route with an experienced driver and students on board. Date completed __/__/__
_____ Transportation Administrator Signature Date	_____ Signature of Observing Driver Date

TO BE COMPLETED BY THE ON-BUS-INSTRUCTOR

To achieve an acceptable level of competence, a minimum of twelve (12) hours or more of on-the-bus-instruction is required and shall be completed prior to a driver being assigned to operate a school bus with pupils on board. The trainee has been trained in all skill areas indicated. (*Indicates areas required for six-year recertification). All areas are required for new trainees. Enter the corresponding item number of the training skill performed and the appropriate date it was performed. Time entered MUST be in minutes and cannot exceed 160 minutes.

Date	Areas Covered	Total Minutes	Date	Areas Covered	Total Minutes
				TOTAL TIME (IN MINUTES)	

- ___ 1. *Pre-Trip Inspection
- ___ 2. *Mirror Adjustments
- ___ 3. *Starting the Engine
- ___ 4. *Bus Type:
 A. Conventional B. Transit C. Van Conversion
- ___ 5. *Transmission: A. Automatic B. Standard
- ___ 6. CDL Off-Road Skills
- ___ 7. *Starting into traffic & pulling to the curb
- ___ 8. *Intersections – stop & through
- ___ 9. *Turns – Left & Right
- ___ 10. *Curves
- ___ 11. *Lane changes and passing
- ___ 12. *Driving Environment
 (A) Rural (B) City (C) Residential
- ___ 13. Freeway Driving
- ___ 14. *Emergency Pullover (up-down-flat roadways)

- ___ 15. *General Driving Behavior
- ___ 16. *Railroad Crossings
- ___ 17. *Student Loading and Unloading
- ___ 18. *Turn-around
- ___ 19. Driving with a detailed route sheet
- ___ 20. *Weather Conditions (snow/ice/rain/fog/wind/sun)
- ___ 21. Miscellaneous items:
 (A) Special Driving Situations
 (1) Drive up/down grade (2) Night trips
 (B) Special Trips (C) Off-Road Recovery
 (D) Route observation with an experienced driver
- ___ 22. Procedures in breakdown or accident
- ___ 23. Evacuation procedures in breakdown, accident disability of driver, severe weather conditions and tornado
- ___ 24. Use of safety equipment (fuses, fire extinguisher, reflectors, First Aid & Body Fluids Kits)

- ___ 25. Pupil Management & school district policies reflectors, First Aid & Body Fluids Kits)
- ___ 26. Other skills: (A) Wheelchair securement (B) Passenger securement (C) Local procedures
- ___ 27. *OBI Pre-Trip Evaluation Score _____
- ___ 28. *OBI Driving Evaluation Score _____

Number of times that Trainee practiced: (Minimum of 10 each)

___ Student Loading Right ___ Student Unloading Right

___ Student Loading Left ___ Student Unloading Left

___ Railroad Crossing Procedures ___ School Bus Turn-around

I certify that I have conducted the required training in accordance with Ohio Revised Code and Ohio Administrative Code and have found the trainee to be competent to operate a school bus.

OBI Signature _____ Date __/__/__

All previous versions of this form are obsolete Effective 10-1-2014