1/10 # OHIO PRE-SERVICE SCHOOL BUS DRIVER TRAINING APPLICATION FOR CERTIFICATION T-9

T9 INFORMATION MUST BE SUBMITTED THROUGH ODE'S WEB-BASED REPORTING SYSTEM

I. Name: _____ CDL No.: _____

Address: _____ Date of Birth: _____

City, State, Zip: _____

I have completed the required training pursuant to the regulations of the Ohio Department of Education.

_____ _____

Signature of Applicant Date

Employer: _____

School District: _____

Address: _____

City, State, Zip: _____

II. NEW DRIVER REQUIREMENTS

Mo/Day/Yr and drivers whose employment has been interrupted for a period of six or more years

__/__/__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)

__/__/__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

Mo/Day/Yr and drivers whose employment has been interrupted for a period of two or more years

__/__/__ 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)

__/__/__ 2. Or in place of classroom hours in item 1, 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 _____

__/__/__ 4. Or in place of driving evaluation, 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)

To be completed by transportation administrator.

IV. The above requirements have been completed in accordance with Ohio Regulations. A copy of the following documents is on file at the bus owner's facility:

1. Satisfactory T-8 School Bus Driver Physical Examination
2. Satisfactory Drug-Alcohol test results and FMCSA Check Form
3. Satisfactory semi-annual O.D.E. Driver Record Check
4. Completed and received satisfactory criminal background checks from B.C.I.I.
5. School Bus Driver training records
6. Evidence of training related to Drugs and Alcohol
7. Evidence of training related to Blood-borne Pathogens
8. In-service training records and Annual Driving Certificate (Recert. Only)

_____ _____

Transportation Administrator's Signature Date

All Pre-Service Training Certificates expire 6 years from the date of issue. Attach a copy of approved certificate to this document and keep on file for 6 years, and provide a copy of certificate to driver.

TO BE COMPLETED BY THE ON-THE-BUS INSTRUCTOR

Date	Areas Covered by #	Time
	TOTAL:	

Number of times that Trainee practiced:
Minimum 10 each

_____ 1. the student loading
_____ 2. the student unloading
_____ 3. the railroad crossing procedures
_____ 4. the school bus turn around

The instruction that I have given has been in accordance with the Ohio Pre-Service School Bus Driver Training Manual and the Ohio CDL and Motor Vehicle Digest. I have found the Trainee to be competent to operate a school bus.

_____

OBI Signature **Date**

The on-bus instruction of 12 hours or more (OAC 3301-83-10-A-1), as required to achieve an acceptable level of competence 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 checked (√).

_____ 1. *Pre-Trip inspection

_____ 2. *Mirror adjustments

_____ 3. *Starting the engine.

_____ 4. *Bus: 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 & 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-arounds.

_____ 19. Driving with a detailed route sheet.

_____ 20. *Bad weather (snow/ice/rain/fog/wind)

_____ 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 (fusees, fire extinguisher, reflectors, wrecking bar, First Aid & Body Fluids Kits)

_____ 25. Pupil management & school district policies.

_____ 26. Other skills (A) Wheelchair tie-downs;
(B) Passenger restraint systems; etc.)
(C) Local Procedures, etc. _____
_____

_____ 27. *OBI Pre-Trip Evaluation Score _____

_____ 28. *OBI Driving Evaluation Score _____

(*) Indicates areas to be evaluated for the six-year certificate. All areas are to be covered for new trainees. Twelve hours not required for recertification driving evaluation.