

Application For Ohio Preservice School Bus Driver Training Certificate

Information must be submitted through DEW's web-based reporting system in order to be valid.
Submission of this report without required supporting documentation on file constitutes falsification.

I. Driver's Name: _____ CDL #: _____ District/Employer: _____
 Address: _____ Date of Birth: _____ Address: _____
 City: _____ State: _____ ZIP: _____ City: _____ State: _____ ZIP: _____

I have completed the required training pursuant to Ohio Revised and Administrative Codes as required by the Ohio Department of Education and Workforce.

_____ Date

_____ Signature of Driver

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. or Pre-Service Instructor.

OBI Pretrip Score: _____ OBI Driving Evaluation Score: _____
 OBI Signature: _____

___/___/___ 3. Issue Date of Commercial Driver's License from deputy registrar.
 ___/___/___ 4. In accordance with OAC 3301-83-10(A)(8), the Applicant was issued a Temporary 45-day Certificate. As noted in Item 1, the classroom portion of training was not completed prior to items 2 and 3.

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.
2. Completed and received satisfactory BC&I and FBI background checks.
3. Satisfactory semi-annual BMV Driver Record Check.
4. Satisfactory Drug-Alcohol test results and FMCSA Check Form.
5. FMCSA Drug & Alcohol Clearinghouse Check.

Transportation Administrator's Signature

Date

Effective Date: 6-1-2026

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: _____ (Recertification class valid for 12 months from date of last day of class.)

OR

___/___/___ 2. Attended all sessions of the Ohio Advanced School Bus Driver 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. or Pre-Service Instructor.

OBI Pretrip 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.

6. School Bus Driver training records.
7. Evidence of training related to Drugs and Alcohol.
8. Evidence of training related to Blood-borne Pathogens.
9. In-service training records and Annual Driving Certificate.
10. It is recommended to check Office of Professional Conduct for any case against employee.

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-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 area indicated. (*Indicates areas required for six-year recertification). All area are required for new trainees. Enter the corresponding item number of the training skill performed and the appropriate date it was performed. Multiple entries per date are allowed.

- ___ 1. *Pre-Trip/Post Inspection (Range)
- ___ 2. *Mirrors/Seat/Seatbelt Adjustments
- ___ 3. *Starting the Engine
- ___ 4. *Bus: (A) Conventional; (B) Transit; (C) MS
- ___ 5. *Transmission: (A) Automatic; (B) Standard
- ___ 6. CDL Off-Road Skills (Range)
- ___ 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. *Roadside Stop/Start (up-down-flat roadways)
- ___ 15. *General Driving Behavior
- ___ 16. *Railroad Crossings
- ___ 17. *Student Loading & Unloading
- ___ 18. *Turn-Arounds
- ___ 19. Driving with a Detailed Route Sheet
- ___ 20. *Weather Conditions (snow-ice-rain-fog-wind-sun)
- ___ 21. Miscellaneous Items:
 - A) Drive-up/Downgrade
 - B) Night Operations
 - C) Non-routine/Field Trips
 - D) Off-Road Recovery
 - E) Route Observation with 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 kit)
- ___ 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 _____

[illegible]

Number of times that a 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

ELDT ONLY

Range (#1 & #6): _____

BTW HOURS

Public Road: _____

I certify that I have conducted the required training in accordance with Ohio Revised Code, Ohio Administrative Code and Ohio Preservice School Bus Driver Training Manual. I have found the Trainee to be competent to operate a school bus.

OBI Signature: _____ Date: __/__/__

For new drivers only. This section is completed after the issuance of the preservice certificate.

New Drivers must complete the following:

Route observation with an experienced driver and students on board _____ Date _____ Drive a route with an experienced driver and students on board _____ Date _____

Transportation Administrator Signature

Date _____

Signature of Observing Driver

Date _____