



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Student Transportation
 Old Capitol Building
 PO BOX 47200
 OLYMPIA WA 98504-7200
 (360) 725-6120 TTY (360) 664-3631

SCHOOL BUS DRIVER TRAINING UNITS AND AUTHORIZATION CHECKLIST

APPLICANT INFORMATION Items 1 through 7 to be typewritten.

1. NAME LAST FIRST MIDDLE				2. PREVIOUSLY AUTHORIZED? <input type="checkbox"/> Yes (If yes, where?) <input type="checkbox"/> No	
3. DATE OF BIRTH	4. SEX <input type="checkbox"/> M <input type="checkbox"/> F	5. DRIVER'S LICENSE <input type="checkbox"/> Regular <input type="checkbox"/> CDL	5.a. EXPIRATION DATE	5.b. IF CDL, WHAT TYPE? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
6.a. RESTRICTIONS <input type="checkbox"/> C Corrective lenses <input type="checkbox"/> F Financial resp. <input type="checkbox"/> K Intrastate only <input type="checkbox"/> L Non air brake <input type="checkbox"/> V Medical variance		7. DRIVER'S LICENSE NUMBER (Must be 12 characters) _____		6. ENDORSEMENT <input type="checkbox"/> School bus <input type="checkbox"/> Other <input type="checkbox"/> Passenger	
				<input type="checkbox"/> I verify the above information is correct.	
				_____ SIGNATURE OF APPLICANT DATE	

SCHOOL DISTRICT/CONTRACTOR INFORMATION Check boxes to verify.

I verify the above-named applicant has successfully completed the school bus driver training course as prescribed by chapter 392-144 WAC. (Training units completion record on page 2 of this application must be completed.)

Signature of OSPI Authorized School Bus Driver Instructor _____ Date Course Completed _____

I verify the above-named applicant has received valid training in a first aid course.

First aid training course expires _____

I verify the district has on file the physical certification that the applicant meets the requirements of WAC 392-144-102(5)(a), (b), (c), and (d), and medical certification that the applicant meets the requirements of WAC 392-144-102(5)(e).

Medical certificate expires _____

I verify that the district has on file a complete abstract of the applicant's employment and nonemployment driving record issued by the Department of Licensing that verifies compliance with chapter 392-144 WAC. The issue of this abstract is within 60 calendar days of the date of this application.

I verify that the district has on file an applicant disclosure statement as required by chapter 392-144 WAC, and such disclosure does not contain any information that would be grounds for denial of this application.

I verify that the district has on file the results of a criminal record check as required under chapter 28A.400 RCW and that such results establish that the applicant has not committed any offense which constitutes grounds for denying, suspending, or revoking an authorization under chapter 392-144 WAC.

Date requested _____ Date of clearance _____

I verify that the above-named applicant complies with all of the requirements for a school bus driver authorization, as appropriate, as set forth in chapter 392-144 WAC.

I hereby certify that the above-required records are on file at the district/contractor office and statements made in this application are true and correct.

SCHOOL DISTRICT/CONTRACTOR NAME	DATE
SIGNATURE OF EMPLOYING SCHOOL DISTRICT OR CONTRACTOR	TITLE

TRAINING UNITS COMPLETION RECORDS

For each topic, the applicant (student) must initial that the training was received; the instructor must initial that the applicant satisfactorily completed the training and demonstrated proficiency in Behind the Wheel Driving Techniques.

Instructor is a certified OSPI authorized school bus driver instructor

DRIVER REQUIREMENTS

	Student	*Instructor	Date
Authorization	_____	_____	_____
Personal Appearance and Attitude	_____	_____	_____
Substitute Drivers	_____	_____	_____
Rules for Bus Drivers	_____	_____	_____
Evacuation Drills	_____	_____	_____
Driver Liability	_____	_____	_____
Fatigue	_____	_____	_____

PASSENGER REQUIREMENTS

	Student	*Instructor	Date
Rules for Bus Passengers	_____	_____	_____
Loading and Unloading	_____	_____	_____
Passenger Management	_____	_____	_____
Harassment on the Bus	_____	_____	_____

DRIVING REQUIREMENTS

	Student	*Instructor	Date
Rules of the Road	_____	_____	_____
Lines and Signs	_____	_____	_____
Fuel Conservation	_____	_____	_____
Reference Point Driving	_____	_____	_____
Defensive Driving	_____	_____	_____
Collision Scene Procedures	_____	_____	_____
Railroad Crossing	_____	_____	_____
Emergency Situations	_____	_____	_____

EQUIPMENT REQUIREMENTS

	Student	*Instructor	Date
Types of Buses	_____	_____	_____
Accessory Equipment	_____	_____	_____
Gauges and Meters	_____	_____	_____

SPECIAL SERVICE

	Student	*Instructor	Date
Buses and Equipment	_____	_____	_____
Pre- and Post-Trip Inspection	_____	_____	_____
Passenger Care and Handling	_____	_____	_____
Aides and Assistants	_____	_____	_____
Emergency Evacuation	_____	_____	_____
Routing	_____	_____	_____
Driver Awareness	_____	_____	_____

BEHIND-THE-WHEEL DRIVING TECHNIQUES

	Student	*Instructor	Date		Student	*Instructor	Date
Pre- and Post-Trip Inspection	_____	_____	_____	Urban Driving	_____	_____	_____
Mirrors	_____	_____	_____	Rural Driving	_____	_____	_____
Starting–Stopping–Braking	_____	_____	_____	Turnarounds	_____	_____	_____
Lane Use and Turns	_____	_____	_____	Grades	_____	_____	_____
Backing and Parking	_____	_____	_____	Transmission Use	_____	_____	_____

Final Course Completion Date: _____