

Application for Driver Certificate

Please complete the following information and sign prior to sending this to the regional Pre-Service Instructor for approval of application for an Ohio School Vehicle Driver Training Certificate for vehicles other than school buses:

Please Print

Driver Name _____

Driver's License Number _____ State _____

School or Agency
Name _____

School or Agency
Address _____

School or Agency Phone Number

The undersigned driver attests that he/she has:

- Viewed training video
- Read and studied workbook
- Completed the answer sheet that is attached to this application

Driver Signature _____

Date _____

The undersigned superintendent (or designee) affirms that each of the following requirements has been met for the above-named driver, and that records are on file to verify same:

- Driving performance evaluation and review.
- Current BCI and FBI criminal background.
- Complete driving record for the driver.
- Current T-8 physical
- Driver is of legal age.
- Driver is insured by the district to operate a motor vehicle or has provided proof of insurance.

Superintendent (or Designee) Signature _____ Date _____

This form must be returned to the regional Pre-Service Instructor.