

# Ohio Preservice ELDT Training Certification per §308.717

*Please Print*

Driver Trainee's Full Legal Name: \_\_\_\_\_

Driver's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_

State of Licensure: \_\_\_\_\_

CDL Class: **B** Endorsements: **P & S**

Type of Training: Theory, score: \_\_\_\_\_ PreService Instructor: \_\_\_\_\_

Theory Training Location: \_\_\_\_\_

Date Training Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

School District/Employer: \_\_\_\_\_

I certify that I will comply with all U.S Department of Transportation regulations in parts 40, §382, §383, and §391, as well Ohio and/or local laws, related to alcohol and controlled substances testing, age, medical certification, licensing, and driving record checks as required in §380.707(a).

Driver's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_

**A copy of the Trainee's driver's license is attached to this form per §380.707(a).**