

# APPLICATION FOR OHIO PRESERVICE SCHOOL BUS DRIVER TRAINING CERTIFICATION

T-9 Training Form

INFORMATION MUST BE SUBMITTED THROUGH ODE'S WEB-BASED REPORTING SYSTEM IN ORDER TO BE VALID.  
SUBMISSION OF THIS REPORT WITHOUT REQUIRED SUPPORTING DOCUMENTATION ON FILE CONSTITUTES FALSIFICATION.

<p>I. Applicant's Name: _____ CDL No.: _____</p> <p>Address: _____ Date of Birth: _____</p> <p>City _____ State _____ Zip _____</p> <p>I have completed the required training pursuant to revised and administrative codes as required by the Ohio Department of Education.</p> <p>_____</p> <p>Signature of Applicant _____ Date _____</p>	<p>Employer: _____</p> <p>School District: _____</p> <p>Address: _____</p> <p>City _____ State _____ Zip _____</p>
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## 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. and/or Pre-Service Instructor
- OBI Pre-Trip Score: \_\_\_\_\_ OBI Driving Evaluation Score: \_\_\_\_\_
- OBI Signature \_\_\_\_\_
- \_\_\_/\_\_\_/\_\_\_ 3. Issue Date of Commercial Driver's 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

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: \_\_\_\_\_
- OR** (Recert class valid for 12 months from date of last day of class)
- \_\_\_/\_\_\_/\_\_\_ 2. 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
- OR** OBI Pre-Trip Score: \_\_\_\_\_ OBI Driving Evaluation Score \_\_\_\_\_
- OBI Signature \_\_\_\_\_
- \_\_\_/\_\_\_/\_\_\_ 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.

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| <p>1. Satisfactory T-8 School Bus Driver Physical Examination.</p> <p>2. Completed and received satisfactory BCI&amp;I and FBI background checks</p> <p>3. Satisfactory semi-annual BMV Driver Record Check</p> <p>4. Satisfactory Drug-Alcohol test results and FMCSA Check Form</p> | <p>5. School Bus Driver training records</p> <p>6. Evidence of training related to Drugs and Alcohol</p> <p>7. Evidence of training related to Blood-borne Pathogens</p> <p>8. In-service training records and Annual Driving Certificate</p> |
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Transportation Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

## V. FOR NEW DRIVERS ONLY. THIS SECTION IS COMPLETED AFTER THE ISSUANCE OF THE PRESERVICE CERTIFICATE. New drivers must complete the following:

<p>Route observation with experienced driver and students on board. Date completed ___/___/___</p> <p>_____</p> <p>Transportation Administrator Signature _____ Date _____</p>	<p>Drive a route with an experienced driver and students on board. Date completed ___/___/___</p> <p>_____</p> <p>Signature of Observing Driver _____ Date _____</p>
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## 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-the-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 areas indicated. (\*Indicates areas required for six-year recertification). All areas 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 but time entered MUST be in minutes and cannot exceed 160 minutes.**

Date	Areas Covered	Total Minutes	Date	Areas Covered	Total Minutes
				TOTAL TIME (IN MINUTES)	

- |   |   |   |
|---|---|---|
| <p>____ 1. *Pre-Trip Inspection</p> <p>____ 2. *Mirror Adjustments</p> <p>____ 3. *Starting the Engine</p> <p>____ 4. *Bus Type:<br/>             A. Conventional B. Transit C. Van Conversion</p> <p>____ 5. *Transmission: A. Automatic B. Standard</p> <p>____ 6. CDL Off-Road Skills</p> <p>____ 7. *Starting into traffic &amp; pulling to the curb</p> <p>____ 8. *Intersections – Stop &amp; Through</p> <p>____ 9. *Turns – Left &amp; Right</p> <p>____ 10. *Curves</p> <p>____ 11. *Lane Changes and Passing</p> <p>____ 12. *Driving Environment<br/>             (A) Rural (B) City (C) Residential</p> <p>____ 13. Freeway Driving</p> <p>____ 14. *Emergency Pullover (up-down-flat roadways)</p> | <p>____ 15. *General Driving Behavior</p> <p>____ 16. *Railroad Crossings</p> <p>____ 17. *Student Loading and Unloading</p> <p>____ 18. *Turn-Around</p> <p>____ 19. Driving with a Detailed Route Sheet</p> <p>____ 20. *Weather Conditions (snow/ice/rain/fog/wind/sun)</p> <p>____ 21. Miscellaneous Items:<br/>             (A) Special Driving Situations<br/>                 (1) Drive up/down grade (2) Night Trips<br/>             (B) Special Trips (C) Off-Road Recovery<br/>             (D) Route Observation with an experienced driver</p> <p>____ 22. Procedures in Breakdown or Accident</p> <p>____ 23. Evacuation Procedures in breakdown, accident disability of driver, severe weather conditions and tornado</p> <p>____ 24. Use of Safety Equipment (fuses, fire extinguisher, reflectors, first aid &amp; body fluids kits, etc.)</p> | <p>____ 25. Pupil Management &amp; School District Policies</p> <p>____ 26. Other Skills: (A) Wheelchair Securement<br/>             (B) Passenger Securement (C) Local Procedures</p> <p>____ 27. *OBI Pre-Trip Evaluation Score _____</p> <p>____ 28. *OBI Driving Evaluation Score _____</p> |
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Number of times that 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

I certify that I have conducted the required training in accordance with Ohio Revised Code and Ohio Administrative Code and have found the trainee to be competent to operate a school bus.

OBI Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

All previous versions of this form are obsolete \*\*\*\*\*Effective 4-2-2018\*\*\*\*\*