SCHOOL BUS DRIVER INSTRUCTOR CERTIFICATION



Check Only One:		
☐ Initial Certification • Provided by I	instructor Coordinator	
☐ Annual Renewal of Ce		
	·	
☐ Change/Correction of	Information	
	INSTRUCTO	OR INFORMATION
Instructor Name:		Instructor Number:
Driver License #:		Phone #:
Fax #:		
Mailing Address:		
	EMPLOYER	R INFORMATION
School District/Contractor/IU	Name:	
Phone #:	Fax #:	Email Address:
Mailing Address:		
District, Intermediate Unit or S	School Bus Contractor; or r	rict, Intermediate Unit; terminates employment with the School retires, that Instructor must provide an endorsement from their for continued appointment as an Instructor.
AFFI	DAVIT FOR CERTIFI	ICATION AS AN INSTRUCTOR
Procedures Dated October 2 to courses of instruction. I u these documents will result in	2010 and Chapter 71.4 re nderstand and agree that n the decertification or sus with a Passenger Endorse	opy of the School Bus Driver Training Program Administrative elating to the driver's examination and Chapter 71.5, relating it failure to administer the training program as prescribed by spension of my Instructor privilege. I attest that I have a valid ement. A copy of my current Driving History has been provided
Signature:		
Instructor Number:		Date:
SUPER\	VISING INSTRUCTOR	R COORDINATOR INFORMATION
This section must be initialed Intructor Coordinator, please		
	dures and 67 PA Code Ch	vith copies of the School Bus Driver Training Program hapter 71, School Bus Drivers. I understand the roles
		ing program as prescribed by 67 PA Code Chapter 71 and the ative Procedures will result in the decertification or suspension
Name:		Phone Number:
School District/IU:		
Signature:		Date: