TAYLOR COMMUNITY SCHOOL CORPORATION

Office of the Superintendent

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John Magers, Ph.D.
Superintendent of Schools

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CERTIFICATION OF OBSERVATION / DRIVING QUALIFICATIONS

Name (appearing on driver's license)_____ Last 4 Digits Of SSN# _____

I hereby certify that the aforementioned driver has satisfactorily completed the required four (4) hours of on-bus observation time and eight (8) hours of on-bus operation time, under the supervision of an Indiana certified school bus driver.

This form must be returned within one year from the date of initial attendance at a preservice class.

The undersigned certifies, under penalties for perjury, that this report is true and accurate in every respect to the best of his/her knowledge and belief.

_____ Location of Preservice Training

_____ Employer

_____ Date of Preservice Training

_____ Administrator Signature and Printed Name

Date mm/dd/yy	Observation Hours	Driving Hours	Activity: route,field trip,etc	Passengers On-Board Yes or No	Supervising Driver Printed Name and last 4 digits of SSN#

This form is to be submitted on DOE Online at https://dc.doe.state.in.us/doeonline/login.aspx. Facsimile copies will not be accepted after December 31, 2008