



# School Bus Driver Certification

## NO LONGER EMPLOYED

Please indicate the reason for notification  
(Retired, Resigned, Reassigned, Terminated)

**School/District:**  
**School Year:**

Name	Reason

I certify that the person(s) listed above are no longer employed as a school bus driver in my school/school district

\_\_\_\_\_  
Name of Designated Official

\_\_\_\_\_  
Date

**Return to:**  
**NEVADA DEPARTMENT OF EDUCATION**  
Jeremy Silva, Pupil Transportation @ [Jeremy.silva@doe.nv.gov](mailto:Jeremy.silva@doe.nv.gov)