



RETURNING School Bus Driver Certification

School/School District:

School Year:

	Name	Annual Test Score
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I certify that the RETURNING driver(s) listed have met all federal and state requirements to be a school bus driver under [FMCSA 391-Qualifications for Drivers](#), [NRS 386.825 Driver Qualifications; Training Course, Annual Test, Nevada CDL Requirements](#) and the Nevada School Bus Driver Training Manual, including 10-hours of In-Service training.

Name of Designated Official

Date

Return to:
NEVADA DEPARTMENT OF EDUCATION
Christina Lufrano, Pupil Transportation at Christina.lufrano@doe.nv.gov

	Name	Annual Test Score
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	Name	Annual Test Score
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	Name	Annual Test Score
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