



RETURNING School Bus Driver **TRAINER** Certification

School/District:

School Year:

	Name	Annual Test Score
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I certify that the person(s) listed are qualified and have met all requirements to be a RETURNING school bus driver trainer. I also certify that the driver has met all federal and state requirements 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
Jeremy Silva, Pupil Transportation @ jeremy.silva@doe.nv.gov

	Name	Annual Test Score
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