



Barbour County Bus Operator Student Documentation

ID 1425

Training County

Nicholas

Name John Doe

Trainer Name

Address

Examiner

City State WV Zip

Date Certified

Home Ph Cell Ph

Failed 1st Attempt Dropped Class

Start Dat Deadline

Notes

Request for Training Form Received Age

Attended Class

Physical Completely Filled Out and Signed

First Aid/CPR Name Correct

Name Correctly Spelled

First Aid/CPR Date Valid

Physical Date (within 6 months)

CDL License Name Correct

Medical Condition/Medications - any restrictions

CDL Date Valid

CDL Class B or Better

CDL Endorsements (P & S)

Certificate of Online Certification Name Correct

BP Not to Exceed 140/90

Correct School Year Date

Eye Sight 20-40 or Less

Classroom Training Name, Initials and Signatur

Hearing

Number of Classroom Hours (32)

Drug Test Name Correct

Classroom CDL/ELDT Training

FMCSA/DOT Drug Test

Number of CDL/ELDT Hours (11)

Drug Negative Results

Additional Training

Drug Pre-employment

Additional Hours

DMV Records Check Name Correct

BTW Name, Initials and Signature

Not to Exceed 5 Points

Number of BTW Hours (15)

Designate 5 Year

Training Disclaimer Form

License Valid

Daily Documentation Forms

CIB/FBI Name Correct

Certificate of Training ELDT

CIB/FBI Criminal Record Cleared