Wood County Bus Operator Student Documentation

ID 2105

Name

Address

City State WV Zip

Home Ph Cell Ph

Start Dat Deadline

Request for Training Form Received ☑ Age

Attended Class ☑

Training County **Wood**

Trainer Name

Examiner

Date Certified

Failed 1st Attempt ☑ Dropped Class ☐

Notes

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)	0
Drug Test Name Correct	☐	Classroom CDL/ELDT Training	☐
FMCSA/DOT Drug Test	☐	Number of CDL/ELDT Hours (11)	0
Drug Negative Results	☐	Additional Training	☐
Drug Pre-employment	☐	# Additional Hours	0
DMV Records Check Name Correct	☐	BTW Name, Initials and Signature	☐
Not to Exceed 5 Points	☑	Number of BTW Hours (15)	0
Designate 5 Year	☐	Training Disclaimer Form	☐
License Valid	☐	Daily Documentation Forms	☐
CIB/FBI Name Correct	☐	Certificate of Training ELDT	☐
CIB/FBI Criminal Record Cleared			