

Ohio Preservice ELDT Training Certification per §308.717

Ashtabula County
Educational Service Center

Email form to:

schoolbus@ashtabulaesc.org

Complete the following information and email this form to your Preservice Instructor.

Please Print

Driver Trainee's Legal Name: _____ Driver's Date of Birth: ____/____/____

Driver's License Number: _____ State of Licensure: _____

CDL Class: B Endorsements: P & S School District/Employer: _____

Type of Training: BTW-Public Road, Clock Hours: _____ BTW-Range, Clock Hours: _____

Training Location: _____ Date Training Completed:

_____/_____/_____

OBI Signature: _____ Date: _____

I certify that I will comply with all U.S Department of Transportation regulations in parts 40, §382, §383, and §391, as well Ohio and/or local laws, related to alcohol and controlled substances testing, age, medical certification, licensing, and driving record checks as required in §380.707(a).

Driver's Name: _____ Date: _____

Driver's Signature: _____

I certify that I am a certified behind-the-wheel instructor as defined in §380.605.

OBI Name: _____ Date: _____

OBI Signature: _____

I certify that the above named OBI is authorized on behalf of (name of school district or employer)

_____,
To conduct behind-the-wheel training for the trainee listed above. All training documents related to this trainee will be on file at the bus owner's facility for a period not less than 6 years.

Name of Administrator: _____ Date: _____

Transportation Administrator's Signature: _____

A copy of the Trainee's driver's license is attached to this form per §380.707(a).

A copy of the OBI's driver's license is attached to this form per §380.725(b) (3).