SCHOOL BUS/STV DRIVER TRAINING CERTIFICATE
R-360 NEW 4-2006

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
60 STATE STREET, WETHERSFIELD, CT 06161

PLEASE PRINT:

NAME OF OPERATOR *(Last, First, MI)*	OPERATOR LICENSE NUMBER	DATE OF BIRTH *(MM/DD/YYYY)*	DATE TRAINING COMPLETED:
	__ __ __ __ __ __ __ __ __		

NAME AND ADDRESS OF CARRIER/EMPLOYER	NAME OF INSTRUCTOR:	INSTRUCTOR ID#

TYPE OF TRAINING: *(Check One)*

☐ 10 HOUR PRE-SERVICE TRAINING **(For Pre-service training this form expires 60 days after issue)**

☐ 6 HOUR ANNUAL IN-SERVICE TRAINING **(For renewals, this form is valid for one year from date of completion)**

I DECLARE AS A CONNECTICUT LICENSED SCHOOL BUS DRIVER INSTRUCTOR THAT THE ABOVE NAMED OPERATOR HAS SUCCESSFULLY COMPLETED ALL OF THE TRAINING AS PRESCRIBED BY THE CONNECTICUT GENERAL STATUTES AND RELATED REGULATIONS.

BY SIGNING THIS I AFFIRM I HAVE BEEN ADVISED THAT ANY STATEMENT(S) MADE HEREIN WHICH I DO NOT BELIEVE TO BE TRUE, AND WHICH STATEMENT IS INTENDED TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS/HER OFFICIAL FUNCTION, IS A CRIME UNDER C.G.S. SECTION 53a-157.

SIGNATURE OF INSTRUCTOR:	DATE	SIGNATURE OF OPERATOR:	DATE

A Copy of this form must be kept in the driver file for a minimum period of three (3) years from the date of issue. An original copy of this document must accompany the operator when applying for initial license or renewing their operator's license.

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