

**OHIO PRESERVICE ELDT BUS DRIVER CERTIFICATION AFFIDAVIT**

**Please complete the following information and email this form to:  
schoolbus@pickawayesc.org**

***please print***

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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: \_\_\_\_\_

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I certify that I am a certified behind-the-wheel instructor as defined in §380.605. I certify that I have conducted the required training for this trainee to be in accordance with ELDT requirements, Ohio Revised Code, and Ohio Preservice School Bus Driver Training Manual. I have found the trainee to be competent to operate a school bus.

OBI Name: \_\_\_\_\_ Date: \_\_\_\_\_

OBI Signature: \_\_\_\_\_

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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 OBI's driver's license is attached to this form per §380.725(b)(3).***