

Ohio Preservice ELDT Training Certification per §308.717

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

please print

Driver Trainee's Full Legal Name: _____

Driver's Date of Birth: _____

Driver's License Number, CDL, or CLP: _____

State of Licensure: _____

CDL Class: (A, B, or C) _____ Endorsements: (P, S) _____

Type of Training: Theory, score: _____ PreService Instructor: _____

BTW-Public Road, Clock Hours: _____

BTW-Range, Clock Hours: _____

Training Location: _____

Date Training Completed: _____

School District/Employer: _____

OBI Signature: _____ Date: _____

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