

Ohio Preservice ELDT Training Certification per §308.717

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: _____

State of Licensure: _____

CDL Class: **B** Endorsements: **P & S**

Type of Training: Theory, score: _____ PreService Instructor: **Mike Hoffner**

Theory Training Location: _____

Date Training Completed: ____/____/____

School District/Employer: _____

☐ 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: _____

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