

# Ohio Preservice ELDT Training Certification per §308.717

Complete the following information and email this form to: [schoolbus@pickawayesc.org](mailto:schoolbus@pickawayesc.org)

**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).**