



**NEW**

## **School Bus Driver Certification**

**School/District:**

**School Year:**

Name

Annual Test Score

I certify that the NEW driver(s) listed have received 40 hours of training from a state certified school bus driver TRAINER as required by [NAC 392.430](#), and meets all federal and state requirements under [FMCSA 391-Qualifications for Drivers](#), [NRS 391.825 Driver Qualifications; Training Course, Annual Test](#), [Nevada CDL Requirements](#) and the Nevada School Bus Driver Training Manual.

Signature of State Certified Trainer

Date

**Return to:**

**NEVADA DEPARTMENT OF EDUCATION**

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