SCHOOL BUS ATTANDANCE AND CERTIFICATION

Instructor(s):		Date:	
		Location:	

Participant's Name As Printed On Driver's License *(In Alphabetical Order)*			New			Renewal		
Last Name	First Name	Date of Birth	Type I	Type II	Unknown	Type I	Type II	Unknown

I certify an eight hour School Bus Driver's Clinic was conducted on the above date and location in accordance with Vermont State Law and Vermont Department of Motor Vehicle Policies. I further certify the above named participant's attended the clinic in its entirety.

INSTRUCTOR SIGNATURE		**DATE**

VN-075 01/2017 MTC