

SCHOOL BUS ATTENDANCE AND CERTIFICATION

Instructor(s):		Date:						
		Location:						
Participant's Name As Printed On Driver's License <i>(In Alphabetical Order)</i>			New			Renewal		
			Type I	Type II	Unknown	Type I	Type II	Unknown
Last Name	First Name	Date of Birth						
<p>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.</p>								
INSTRUCTOR SIGNATURE			DATE					