



SCHOOL BUS DRIVER INSTRUCTOR CERTIFICATION

Bureau of Driver Licensing, P.O. Box 68682, Harrisburg, PA 17106-8682 • (717) 787-9662 • medical@pa.gov

Check Only One:

Initial Certification

- Provided by Instructor Coordinator _____

Annual Renewal of Certification

- Date & Location of Required Update _____

- Date of Last Driver Training Instructed _____

Change/ Correction of Information (Please Describe) _____

INSTRUCTOR INFORMATION

Instructor Name: _____ Instructor Number: _____

Driver License #: _____ Phone #: _____

Fax #: _____

Mailing Address: _____

EMPLOYER INFORMATION

School District/Contractor/IU Name: _____

Phone #: _____ Fax #: _____ Email Address: _____

Mailing Address: _____

NOTE: If the Instructor relocates out of the School District, Intermediate Unit; terminates employment with the School District, Intermediate Unit or School Bus Contractor; or retires, that Instructor must provide an endorsement from their Supervising Instructor Coordinator clarifying their need for continued appointment as an Instructor.

AFFIDAVIT FOR CERTIFICATION AS AN INSTRUCTOR

I swear and affirm that I have been provided with a copy of the School Bus Driver Training Program Administrative Procedures Dated January 2024 and Chapter 71.4 relating to the driver's examination and Chapter 71.5, relating to courses of instruction. I understand and agree that failure to administer the training program as prescribed by these documents will result in the decertification or suspension of my Instructor privilege. I attest that I have a valid Commercial Driver's License of the same (or higher) class as those being instructed and with all endorsements necessary to operate the Commercial Motor Vehicle (CMV) for which training is to be provided.

Signature: _____

Instructor Number: _____ Date: _____

SUPERVISING INSTRUCTOR COORDINATOR INFORMATION

This section must be initialed and signed by the supervising Instructor Coordinator.

Instructor Coordinator, please initial each statement below:

1. _____ I swear and affirm that I have been provided with copies of the School Bus Driver Training Program Administrative Procedures and 67 PA Code Chapter 71, School Bus Drivers. I understand the roles and duties of an Instructor.
2. _____ I understand that failure to administer the training program as prescribed by 67 PA Code Chapter 71 and the School Bus Driver Training Program Administrative Procedures will result in the decertification or suspension of the Instructor.
3. _____ I swear and affirm the above named Instructor has taught at least 3 units of classroom theory and at least 6 hours of in-bus training as required annually.

Name: _____ Phone #: _____

School District/IU#: _____

Signature: _____ Date: _____