



**NEW HAMPSHIRE DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES
PUPIL TRANSPORTATION
23 HAZEN DRIVE • CONCORD, NH 03305**



SCHOOL BUS DRIVER ROSTER

SCHOOL DISTRICT: _____ SAU #: _____ DATE: _____

NAME OF OWNER: _____
 (BUS CONTRACTOR) ADDRESS TOWN/CITY STATE ZIP

PHONE: _____ SIGNATURE: _____

SUPERINTENDENT OF SCHOOLS OR TRANSPORTATION MANAGER
 [Pursuant to Saf-C 1304.01 (a) (3)]

SCHOOL YEAR: _____

REQUIREMENT: ROSTERS MUST BE TYPED

No	DATE OF BIRTH MM-DD-YY	LAST NAME	FIRST NAME	MAILING ADDRESS			NEW OR RENEWAL N/R	"YES" IF OUT-OF-STATE LIC	OFFICIAL USE ONLY
				TOWN/CITY	STATE	ZIP			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

**STATE OF NEW HAMPSHIRE
SCHOOL BUS DRIVER TRAINING COURSE
ATTENDANCE SHEET**

SCHOOL DISTRICT: _____ SAU: _____

ADDRESS: _____

INSTRUCTOR (S): _____

SCHOOL DISTRICT/BUS COMPANY THAT EMPLOYS INSTRUCTOR: _____

No.	DATE OF BIRTH	LAST NAME	FIRST NAME	DRIVER LICENSE #	NEW/RENEWAL (N/R)	DATE COURSE COMPLETED
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

SECTION "A"
Saf-C 1305.02 PRE-SERVICE INSTRUCTION NEW DRIVER

(a) Every driver or spare driver of a school bus shall successfully complete the program of instruction for driving a school bus by having attended and passed. The length of which shall be a minimum of 10 hours. Road training shall be exclusive of instructional time.

Saf-C 1305.03 IN -SERVICE TRAINING RENEWAL

(a) Annually, every driver shall be required to successfully complete not less than 8 hours of instruction or review to maintain a satisfactory level of driver competence and knowledge of changes in laws, rules, and procedures.

All drivers who have completed this course shall be knowledgeable of all rules and regulations that govern school bus transportation as well as be able to safety execute all driving and loading and unloading maneuvers.

SECTION "B"
SCHOOL BUS DRIVER INSTRUCTOR MUST COMPLETE THIS SECTION

I do hereby certify, under the penalty of false statement, that I have trained the drivers on the above Attendance Sheet or on the reverse side of this form; School Bus Driver Roster, in accordance with RSA 265:58 and Saf-C 1300 School Bus Driving Rules.

SIGNATURE: _____ DATE: _____

(Signed under penalty of false statement)

EXPIRATION DATE OF SCHOOL BUS INSTRUCTOR CERTIFICATE: _____