



ARIZONA DEPARTMENT OF PUBLIC SAFETY
STUDENT TRANSPORTATION

2102 West Encanto Boulevard
 PO Box 6638, Mail Drop 1250
 Phoenix, Arizona 85005-6638

Phone: (602) 223-2646
 Fax: (602) 223-2923
 Email: schoolbus@azdps.gov
 Website: azdps.gov/schoolbus

DRIVER TRAINING REPORT

Instructions:

- **Separate training reports are to be filled out for each type of training course.**
- The training report shall not be utilized as a sign-in roster
- Include the total number of hours taught by each instructor
- List students in alphabetical order by last name
- List the District / Employer name and certification number for each student
- Email, Fax, or Mail the report to the Student Transportation Unit within **seven days** of completion (**except New Driver Packet**)

TRAINING CLASS HELD			
DATE	LOCATION	CITY	COUNTY

TYPE OF TRAINING			
<input type="checkbox"/> New Driver* <small>(14 Hours Classroom Instruction)</small>	<input type="checkbox"/> Refresher* <small>(6½ Hours Classroom Instruction)</small>	*One class per training report for this type	
<input type="checkbox"/> First Aid ** <small>(Initial or Recertification)</small>	Class Certification Expires in:	<input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years	** This class type may be submitted on the same training report.
<input type="checkbox"/> CPR** (Adult, Infant, Child) <small>(Initial or Recertification)</small>	Class Certification Expires in:	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years	

INSTRUCTOR INFORMATION		
INSTRUCTOR NAME	INSTRUCTOR NUMBER	HOURS TAUGHT

STUDENT INFORMATION				
CERT NO.	NAME (LAST, FIRST, MIDDLE)	DISTRICT / EMPLOYER NAME	NUMBER	% SCORE

