ARIZONA DEPARTMENT OF PUBLIC SAFETY STUDENT TRANSPORTATION
2222 West Encanto Boulevard
PO Box 6638, Mail Drop 3150
Phoenix, Arizona 85005-6638
Phone: (602) 223-2646
Fax: (602) 223-2923
Website: https://www.azdps.gov/services/enforcement-services/student-transportation

## 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)

|  | LOCATION | TRAINING CLASS HELD |  |
| :--- | :--- | :--- | :--- |
| DATE |  | COUNTY |  |

## TYPE OF TRAINING

| New Driver* <br> (14 Hours Classroom Instruction) | Refresher* <br> (6½ Hours Classroom Instruction) |  | *One class per training report for this type |
| :---: | :---: | :---: | :---: |
| First Aid ** (Initial or Recertification) | Class Certification Expires in: | $\square 2$ Years $\square 3$ Years | ** This class type may be submitted on the same training report. |
| CPR** (Adult, Infant, Child) (Initial or Recertification) | Class Certification Expires in: | $\square 1$ Year $\square 2$ Years |  |


| INSTRUCTOR INFORMATION | INSTRUCTOR NUMBER | HOURS <br> TAUGHT |
| :---: | :---: | :---: |
| INSTRUCTOR NAME |  |  |
|  |  |  |
|  |  |  |


| STUDENT INFORMATION |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
| CERT NO. | NAME (LAST, FIRST, MIDDLE) | DISTRICT / EMPLOYER NAME | NUMBER | SCORE |
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| CERT No. | NAME (LAST, FIRST, MIDDLE) | DISTRICT / EMPLOYER NAME | NUMBER | SCORE |
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