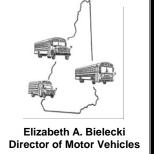


## NEW HAMPSHIRE DEPARTMENT OF SAFETY DIVISION OF MOTOR VEHICLES

## **PUPIL TRANSPORTATION**

23 HAZEN DRIVE, CONCORD, NH 03305 (603) 227-4085



## SCHOOL BUS DRIVER INSTRUCTOR RECERTIFICATION

Name: Driver License No			.:		_
Address:					
Expiration Date on Current Instructor Ce	rtificate: _				
SCHOOL BUS TR	ANSPOF	RTATION RULE SA	F-C 1305	5.05	
A school bus instructor must complete of field in a three year period to maintain of			ng educat	ion in th	e transportation
LIST COURSES YOU WIS	H TO BE	CONSIDERED FOR	RECERTI	FICATION	ON:
COURSE TITLE		LOCATION	D/	ATE	HOURS OF ATTENDANCE
1.					
2.					
3.					
4.					
5.					
			OFFI	CIAL II	SE ONLY:
			0111	CIAL O	<u>SE OILE.</u>
Signature of School Bus Instructor Date			COURSE APPROVED		
			YES		NO
Name of Employer	SAU#		_		
			DA	TE REC	CEIVED:
Signature of Employer	Date				

RETURN TO: NH DEPT. OF SAFETY, DMV, PUPIL TRANSPORTATION, 23 HAZEN DRIVE, CONCORD, NH 03305