



John J. Barthelmes
Commissioner of Safety

NEW HAMPSHIRE DEPARTMENT OF SAFETY DIVISION OF MOTOR VEHICLES

PUPIL TRANSPORTATION

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



Elizabeth A. Bielecki
Director of Motor Vehicles

SCHOOL BUS DRIVER INSTRUCTOR RECERTIFICATION

Name: _____ Driver License No.: _____

Address: _____

Expiration Date on Current Instructor Certificate: _____

SCHOOL BUS TRANSPORTATION RULE SAF-C 1305.05

A school bus instructor must complete eighteen (18) hours of continuing education in the transportation field in a three year period to maintain certification.

LIST COURSES YOU WISH TO BE CONSIDERED FOR RECERTIFICATION:

COURSE TITLE	LOCATION	DATE	HOURS OF ATTENDANCE
1.			
2.			
3.			
4.			
5.			

_____ Signature of School Bus Instructor		_____ Date	<u>OFFICIAL USE ONLY:</u> COURSE APPROVED YES _____ NO _____ DATE RECEIVED: _____
_____ Name of Employer		_____ SAU#	
_____ Signature of Employer		_____ Date	

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