



Division of Public School
Academic Facilities & Transportation

**SCHOOL BUS DRIVER 24 HOURS
DOCUMENTATION FORM**

Training Topic	Date (mm/dd/yyyy)	Number of Hours
Accident Procedures		
Backing		
CDL Prep		
Driving		
Evacuations		
First Aid		
Loading/Unloading		
Mirrors		
Pre-Trip/Post-Trip		
Railroad Crossings		
Total Hours (Must be 24 or more)		

School District _____

Driver's Name (**Printed**) _____

Driver's Signature _____

Commercial Driver's License # _____

CDL Expiration Date _____

Date of Birth _____

District Trainer's Signature _____

State Trainer's Signature _____

email completed form to: Denise.Twisdale@ade.arkansas.gov