

**SCHOOL BUS/STV DRIVER  
TRAINING CERTIFICATE  
R-360 Rev. 8-2023**

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
60 STATE STREET, WETHERSFIELD, CT 06161



**PLEASE PRINT:**

NAME OF OPERATOR <i>(Last, First, MI)</i>	OPERATOR'S LICENSE NUMBER	DATE OF BIRTH <i>(MM/DD/YYYY)</i>	DATE TRAINING COMPLETED:
NAME AND ADDRESS OF CARRIER/EMPLOYER	NAME OF INSTRUCTOR:		INSTRUCTOR ID#

TYPE OF TRAINING: *(Check One)*

- ☐ 10 HOUR PRE-SERVICE TRAINING **(For initial endorsement issuance, the date your training was completed must be within six (6) months of the date you are applying for the endorsement.)**
- ☐ 6 HOUR ANNUAL IN-SERVICE TRAINING **(For renewals, this form is valid for one (1) year after the completion of training.)**

I DECLARE AS A CONNECTICUT LICENSED SCHOOL BUS DRIVER INSTRUCTOR THAT THE ABOVE-NAMED OPERATOR HAS SUCCESSFULLY COMPLETED ALL OF THE TRAINING AS PRESCRIBED BY THE CONNECTICUT GENERAL STATUTES AND RELATED REGULATIONS.

BY SIGNING THIS FORM, I AFFIRM I HAVE BEEN ADVISED THAT ANY STATEMENT(S) MADE HEREIN WHICH I DO NOT BELIEVE TO BE TRUE, AND WHICH STATEMENT(S) IS/ARE INTENDED TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS/HER OFFICIAL FUNCTION(S), IS A CRIME UNDER SECTION 53a-157b OF THE CONNECTICUT GENERAL STATUTES.

SIGNATURE OF INSTRUCTOR:	DATE	SIGNATURE OF OPERATOR:	DATE
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An original copy of this document must be presented by the operator upon the initial issuance or renewal of his/her school transportation endorsement.