



Robert L. Quinn
Commissioner of Safety

**NEW HAMPSHIRE DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES**

PUPIL TRANSPORTATION

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



John C. Marasco
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	<p><u>OFFICIAL USE ONLY:</u></p> <p>COURSE APPROVED</p> <p>YES _____ NO _____</p> <p>DATE RECEIVED:</p> <p>_____</p>
_____ Name of Employer		_____ SAU#	
_____ Signature of Employer		_____ Date	

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