

PENNSYLVANIA SCHOOL BUS DRIVER RECERTIFICATION SKILLS TEST

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION



pennsylvania
DEPARTMENT OF TRANSPORTATION

Bureau of Driver Licensing • P.O. Box 68684 • Harrisburg, PA 17106-8684

Driver Name: _____ Driver Number: _____

Driver E-mail: _____

Instructor: _____ Instructor Number: _____

I.U. Number: _____ School District/Contractor: _____

Recertification Date: _____ Class of Bus: _____

SAFETY EQUIPMENT CHECKS

(*AUTOMATIC FAILURE)

Lighting System

- 8 - way lighting system
- Headlights
- Turn signals
- Stop lights
- Hazard warning system
- Tail lights
- ID & side marker lights

Safety Equipment

- Fire extinguisher
- First aid kit
- Pry bar
- Portable emergency warning devices

Vehicle Equipment

- Tires
- Emergency exits
- Condition & mounting of seats

Brake Checks

- * Failure to correctly perform air brake check
- Service brake (air/hydraulic)
- Emergency brake

Comments: _____

 PASS PREVIOUSLY PASSED FAIL DID NOT TEST

The signatories below hereby certify under penalty of law that the information contained herein is true and correct. WARNING: **Falsification** to authorities is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to 1 year (18 Pa. C.S. Section 4904(b)).

DRIVER'S SIGNATURE _____

DATE _____

TELEPHONE NUMBER: _____

INSTRUCTOR'S SIGNATURE _____

DATE _____

ID NUMBER: _____

ACTUAL OR SIMULATED STUDENT DISCHARGE

*AUTOMATIC FAILURES ARE LISTED IN BOLD TYPE

- 150'-300' activate amber lights
- Traffic Check
- Complete stop, apply parking brake, transmission in neutral**
- Open door slightly, activating red lights and stop arm
- Traffic Check**
- Open door completely
- Check all mirrors around bus**
- Shut door
- Check mirrors, put transmission in gear, release brake
- Check child safety, recheck mirrors, proceed**

Comments: _____

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DRIVER'S SIGNATURE _____

DATE _____

TELEPHONE NUMBER: _____

INSTRUCTOR'S SIGNATURE _____

DATE _____

ID NUMBER: _____

Skills Continued on Reverse Side

Driver Name: _____ Driver Number: _____

ACTUAL OR SIMULATED RAILROAD CROSSING

***AUTOMATIC FAILURES ARE LISTED IN BOLD TYPE**

- Activate 4 ways**
- Stop between 15' - 50' from nearest rail, pull up to see**
- Apply parking brake, transmission in neutral
- Open door/window
- Turn off any AM - FM, 2-way, or CB radio, or any other noise emitting device
- Look and listen**
- Close door
- Put in gear, release parking brake
- Proceed, no shift**
- Deactivate 4 - ways

Comments: _____

PASS **PREVIOUSLY PASSED** **FAIL** **DID NOT TEST**

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DRIVER'S SIGNATURE _____ DATE _____
TELEPHONE NUMBER: _____

INSTRUCTOR'S SIGNATURE _____ DATE _____
ID NUMBER: _____

DRIVING SKILLS

- 1. Stopping - minimum of two stops
 - traffic check
 - deceleration, no coast
 - gap, stop line, full stop
- 2. Starting - minimum of two starts
 - traffic check
 - gear changes as necessary
 - accelerates smoothly
- 3. Turning - minimum of two left turns, two right turns

left <input type="checkbox"/> <input type="checkbox"/> traffic check <input type="checkbox"/> <input type="checkbox"/> signal, deceleration, no coast <input type="checkbox"/> <input type="checkbox"/> both hands, correct speed <input type="checkbox"/> <input type="checkbox"/> correct lane	right <input type="checkbox"/> <input type="checkbox"/> traffic check <input type="checkbox"/> <input type="checkbox"/> signal, deceleration, no coast <input type="checkbox"/> <input type="checkbox"/> both hands, correct speed <input type="checkbox"/> <input type="checkbox"/> correct lane
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- 4. Merging (actual or simulated)
 - traffic check
 - signal, correct spacing
 - merge, cancel signal
- 5. Drive through intersections - minimum of two
 - traffic check
 - yield if necessary
 - no gear change
- 6. Driving
 - smooth lane changes
 - correct lane positioning
 - keeps up with traffic flow, maintains steady speed
 - correct following distance
 - signaling

Comments: _____

- 7. Automatic Failures ONLY**
- Any Traffic Offense**
 - Running Over Curb/Walk**
 - Any Preventable Accident**

PASS **PREVIOUSLY PASSED** **FAIL** **DID NOT TEST**

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DRIVER'S SIGNATURE _____ DATE _____
TELEPHONE NUMBER: _____

INSTRUCTOR'S SIGNATURE _____ DATE _____
ID NUMBER: _____

The instructors who conducted the evaluation are Department - certified instructors.