

# 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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DATE \_\_\_\_\_

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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

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

- |   |   |   |   |
|---|---|---|---|
| <p>1. Stopping - minimum of <u>two</u> stops</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> traffic check</li> <li><input type="checkbox"/> <input type="checkbox"/> deceleration, no coast</li> <li><input type="checkbox"/> <input type="checkbox"/> gap, stop line, full stop</li> </ul> <p>2. Starting - minimum of <u>two</u> starts</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> traffic check</li> <li><input type="checkbox"/> <input type="checkbox"/> gear changes as necessary</li> <li><input type="checkbox"/> <input type="checkbox"/> accelerates smoothly</li> </ul> <p>3. Turning - minimum of <u>two</u> left turns, <u>two</u> right turns</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>left</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> traffic check</li> <li><input type="checkbox"/> <input type="checkbox"/> signal, deceleration, no coast</li> <li><input type="checkbox"/> <input type="checkbox"/> both hands, correct speed</li> <li><input type="checkbox"/> <input type="checkbox"/> correct lane</li> </ul> </td> <td style="vertical-align: top;"> <p>right</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> traffic check</li> <li><input type="checkbox"/> <input type="checkbox"/> signal, deceleration, no coast</li> <li><input type="checkbox"/> <input type="checkbox"/> both hands, correct speed</li> <li><input type="checkbox"/> <input type="checkbox"/> correct lane</li> </ul> </td> </tr> </table> | <p>left</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> traffic check</li> <li><input type="checkbox"/> <input type="checkbox"/> signal, deceleration, no coast</li> <li><input type="checkbox"/> <input type="checkbox"/> both hands, correct speed</li> <li><input type="checkbox"/> <input type="checkbox"/> correct lane</li> </ul>  | <p>right</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> traffic check</li> <li><input type="checkbox"/> <input type="checkbox"/> signal, deceleration, no coast</li> <li><input type="checkbox"/> <input type="checkbox"/> both hands, correct speed</li> <li><input type="checkbox"/> <input type="checkbox"/> correct lane</li> </ul> | <p>4. Merging (actual or simulated)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> traffic check</li> <li><input type="checkbox"/> signal, correct spacing</li> <li><input type="checkbox"/> merge, cancel signal</li> </ul> <p>5. Drive through intersections - minimum of <u>two</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> traffic check</li> <li><input type="checkbox"/> <input type="checkbox"/> yield if necessary</li> <li><input type="checkbox"/> <input type="checkbox"/> no gear change</li> </ul> <p>6. Driving</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> smooth lane changes</li> <li><input type="checkbox"/> correct lane positioning</li> <li><input type="checkbox"/> keeps up with traffic flow, maintains steady speed</li> <li><input type="checkbox"/> correct following distance</li> <li><input type="checkbox"/> signaling</li> </ul> |
| <p>left</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> traffic check</li> <li><input type="checkbox"/> <input type="checkbox"/> signal, deceleration, no coast</li> <li><input type="checkbox"/> <input type="checkbox"/> both hands, correct speed</li> <li><input type="checkbox"/> <input type="checkbox"/> correct lane</li> </ul>  | <p>right</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> traffic check</li> <li><input type="checkbox"/> <input type="checkbox"/> signal, deceleration, no coast</li> <li><input type="checkbox"/> <input type="checkbox"/> both hands, correct speed</li> <li><input type="checkbox"/> <input type="checkbox"/> correct lane</li> </ul> |   |   |

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