ARIZONA DEPARTMENT OF PUBLIC SAFETY
DRIVER TRAINING REPORT

INSTRUCTION: The training report shall not be utilized as a sign-in roster. ***Separate training reports are to be filled out for each type of training course*** and typed or hand printed. Be sure to include the total number of hours taught by each instructor. List all certification numbers. List the driver's last name in alphabetical order, followed by first name and middle name as shown on the commercial driver's license. If training drivers for various employers, list the names of the employers, and district/employer numbers. The passing score should be provided as well. Upon completion of each course the Training Report must be sent to the Student Transportation Unit within **seven (7) days**..

Mailing Address: Arizona Department of Public Safety
Student Transportation Unit
Mail Drop No. 1250
P.O. Box 6638
Phoenix, AZ 85005-6638
FAX 602-223-2923

PLEASE ENSURE TRAINING REPORTS ARE COMPLETE.

TYPE OF TRAINING		INSTRUCTOR & CERT #	HOURS	TRAINING CLASS HELD
***New Driver** (14 hours Classroom Instruction)	☐	_____	_____	Date: _____
***Refresher** (6½ hours Classroom Instruction)	☐	_____	_____	Location: _____
***Instructor Training**	☐	_____	_____	City: _____
				County: _____

This class certification will expire in:

First Aid (Initial or recertification)	☐	_____	First Aid Class:	☐ 2 years	☐ 3 years
CPR ***(Adult, Infant, Child)*** (Initial or recertification)	☐	_____	CPR Class:	☐ 1 year	☐ 2 years

one report per class type

Cert. No.	Last Name, First, Middle	Employer/District Name and No.	% Score

Training Report

Cert. No.	Last Name, First, Middle	Employer/District Name and No.	% Score