

<b>SCHOOL BUS DRIVER PHYSICAL PERFORMANCE TEST</b>				
DRIVERS LAST NAME	FIRST NAME	M.I.	DRIVERS SIGNATURE	
STREET ADDRESS			VEHICLE TYPE	
CITY	STATE	COUNTY	ZIP CODE	
MOTORIST ID NUMBER			LICENSE CLASS/ENDORSEMENTS/RESTRICTIONS	TEST LOCATION

TESTER: SEE PT 901 FOR COMPLETE GUIDELINES FOR THIS TEST. CIRCLE "PASS" OR "FAIL" FOR EACH STANDARD. **STOP THE TEST IMMEDIATELY IF ANY ITEM IS FAILED.** ENTER TIME FOR TIMED STANDARDS. IF A TIMED TEST IS NOT COMPLETED ENTER "DNC" (DID NOT COMPLETE).

STANDARD #1	Bus Steps	TIME _____	(3 TRIPS UP & DOWN IN 30 SECONDS)	PASS	FAIL
STANDARD #2	Throttle to Brake	TIME _____	(10 THROTTLE TO BRAKE CYCLES IN 10 SECONDS)	PASS	FAIL
STANDARD #3	Brake/Clutch	(HOLD BRAKE 3 SECONDS 5 TIMES/HOLD CLUTCH THROUGHOUT)		PASS	FAIL
STANDARD #4	Door	(MANUALY OPEN AND CLOSE ENTRANCE DOOR THREE TIMES)		PASS	FAIL
STANDARD #5	Hand Controls (ENTER NAME OF CONTROL FOR EACH SEGMENT OF THIS STANDARD)				
RIGHT SIDE CONTROL #1					
CONTROL NAME:		TIME _____	(WHEEL TO CONTROL TO WHEEL IN 8 SECONDS)	PASS	FAIL
RIGHT SIDE CONTROL #2					
CONTROL NAME:		TIME _____	(WHEEL TO CONTROL TO WHEEL IN 8 SECONDS)	PASS	FAIL
LEFT SIDE CONTROL #1					
CONTROL NAME:		TIME _____	(WHEEL TO CONTROL TO WHEEL IN 8 SECONDS)	PASS	FAIL
LEFT SIDE CONTROL #2					
CONTROL NAME:		TIME _____	(WHEEL TO CONTROL TO WHEEL IN 8 SECONDS)	PASS	FAIL
STANDARD #6	Emergency Exit	TIME _____	(DRIVER SEAT AND OUT EXIT IN 20 SECONDS)	PASS	FAIL
STANDARD #7	Weight Drag	TIME _____	(125 LBS 30 FEET IN 30 SECONDS)	PASS	FAIL

In accordance with the Commissioner's Regulation 156.3, and guideline PT 901, and with knowledge of his/her duties, I certify that the above named driver (check one):

- has passed all 7 standards and **IS QUALIFIED** by the physical performance standards.
- IS NOT QUALIFIED** by the physical performance standards.

**SBDI Information and Signature**

SBDI PRINT NAME	SBDI SIGNATURE	SBDI #	DATE
-----------------	----------------	--------	------

Copy #1 should be placed in the Driver's file. Copy #2 for State Ed should be sent to: NYSED, 876 EBA, Albany, NY 12234. Copy #3 should be given to the tested employee. Copy #4 is for the tester's records. **If a waiver has been approved by NYSED, the testing 19-A Certified Examiner must sign below - in addition to the supervising SBDI.**

19-A CE PRINT NAME	19-A CE SIGNATURE	19-A CE #	DATE
--------------------	-------------------	-----------	------