Driver Qualification Files

Saf-C 1317.01

The Office of Pupil Transportation

Christopher P. Burke
Pupil Transportation Coordinator

Rebecca L. Kelsea
Program Assistant

Ian T. Smart
Program Assistant

Created by: C. P. Burke

PART Saf-C 1317 DRIVER QUALIFICATION FILES

Saf-C 1317.01 Driver Qualification Files.

(a) Each employer shall maintain a file on each employed person qualified to drive a school bus.

(b) The file shall include the following:

(1) Driver's application for employment;

(2) Medical examiner's certificate;

(3) Annual driver certification of violations, signed pursuant to the penalties of unsworn falsification;

(4) Inquiry to previous employers, covering the 3 years prior to the driver's application for employment;

(5) Inquiry to state agencies, such as a copy of the current school bus roster submitted to the department;

(6) Annual review of driver certification pursuant to (b)(3) above;

(7) Controlled substance test results, if otherwise required by law;

(8) Driver training documentation;

(9) Copy of driver license and school bus driver's certificate; and

(10) Copy of New Hampshire department of education criminal history record clearance certificate.

(c) The employer shall keep driver qualification files at their principal place of business for as long as the driver is employed and for 3 years thereafter.

(d) The employer shall make the driver qualification file(s) of any employee(s) available during regular business hours at the employer's principal place of business when requested to do so by any law enforcement officer or the pupil transportation supervisor who is acting within the scope of their official duties to ensure compliance with these rules.

(f) An employee providing a minimum of 3 business days notice to their employer shall have access to their training records during normal business hours in order to obtain photo static or electronic copies of their training records.

DSMV 500 – SCHOOL BUS DRIVER QUALIFICATION FILE CHECKLIST

New Hampshire Department of Safety
Division of Motor Vehicles
Pupil Transportation
23 Hazen Drive, Concord, NH 03305

SCHOOL BUS DRIVER QUALIFICATION FILE CHECK LIST

Driver's Name: _____ Date of Birth: _____

Commercial Driver License (CDL): Yes: __ (Class: ____) No: __ License Number: _____

DATE OF FILE REVIEW:						
1. **Application for Employment** FMCSR 391.21	Saf-C 1317.01(b)(1)					
2. **Copy of Driver License** FMCSR 391.31 and 391.33	Saf-C 1317.01(b)(9)	Expiration Date:				
3. **Copy of School Bus Certificate**	Saf-C 1317.01(b)(9)	Expiration Date:				
4. **Copy of Medical Examiner's Certificate** FMCSR 391.51(b)(7), 391.41, 391.43, and 391.45	Saf-C 1317.01(b)(2)	Expiration Date:				
5. **Inquiry to State Agency** FMCSR 391.23(a)(1) and 391.23(b)	Saf-C 1317.01(b)(5)					
6. **Annual Driver Certification of Violations** FMCSR 391.27	Saf-C 1317.01(b)(3)					
7. **Annual Review of Driving Record** FMCSR 391.25	Saf-C 1317.01(b)(6)					
8. **Inquiry to Former Employers** FMCSR 391.23(a)(2)(4), 391.23(c), 383.35(a), and 383.35(c)	Saf-C 1317.01(b)(4)					
9. **Driver Data Sheet and Checklist for Casuals** FMCSR 391.63						
10. **Controlled Substance Testing/Alcohol Testing** FMCSR 382	Saf-C 1317.01(b)(7)					
11. **Copy of School Bus Roster (DSMV 126)**	Saf-C 1317.01(b)(5)					
12. **Documentation of Training**	Saf-C 1317.01(b)(8)					
13. **Driver Statement of Other Employment if applicable (recommended)**						

Please see additional information on reverse side

FMCSR = Federal Motor Carrier Safety Regulations
Saf-C = New Hampshire Administrative Rules

DSMV 500 (Rev. 09/07)

DSMV 500

EXPLANATION OF CHECKLIST ITEMS
SCHOOL BUS DRIVER QUALIFICATION FILE

1. **APPLICATION FOR EMPLOYMENT.** All items on application must be completed. If an item does not apply, driver should so indicate by N/A. Items on employment application must meet all Federal and State requirements.
2. **COPY OF VALID DRIVER LICENSE.**
3. **COPY OF VALID SCHOOL BUS CERTIFICATE.**
4. **COPY OF MEDICAL EXAMINER'S CERTIFICATE.** NOTE: Before placing examination form in driver's file, it must be reviewed by the employer to insure all physical requirements are met as so indicated on the reverse side of the physical form.
5. **INQUIRY TO STATE AGENCY.** Every driver must have a copy of a State generated motor vehicle record in his/her file. If you currently have a driver who does not have a motor vehicle record, one must be obtained from the Division of Motor Vehicles. Record should show the preceding three years of driving history. An out-of-state licensed school bus driver must obtain a motor vehicle record from the issuing state. A copy of the most current school bus roster will be acceptable after the first motor vehicle record is in the file.
6. **ANNUAL DRIVER CERTIFICATE OF VIOLATIONS.** Driver must complete certification of violations from every twelve (12) months. If there have been no violations, driver should so indicate. Employer must review form and sign it.
7. **ANNUAL REVIEW OF DRIVING RECORD.** Must be completed every twelve (12) months by the employer after the Annual Driver Certificate of Violations has been provided by the driver.
8. **INQUIRY TO FORMER EMPLOYERS.** Non-CDL applicant – Three (3) years – request background for the last three years of employment. If applicant has not been employed, so indicate. CDL Applicant – Ten (10) years – request background of the last three (3) years for all employment and for up to seven (7) years preceding the three (3) years if applicant operated a commercial motor vehicle.
9. **DRIVER DATA SHEET AND CHECKLIST FOR CASUALS (for-hire companies).** To be completed by any driver who is regulated by the Federal Motor Carrier Safety Regulations. This driver does more than school bus operations (to and from school transportation).
10. **CONTROLLED SUBSTANCE TESTING/ALCOHOL TESTING (commercial licensed drivers).** Must meet Federal and State requirements. Copy of drug and alcohol policy and test results can be kept in the driver's file if the file is secure. If not, they must be kept in a separate secure location with controlled access.
11. **COPY OF SCHOOL BUS ROSTER (DSMV 126).** Most current school bus roster must be in file.
12. **DOCUMENTATION OF TRAINING.** Records must indicate drivers have met requirements of Saf-C 1305.02, Pre-Service Training, or Saf-C 1305.03, In-Service Training.
13. **DRIVER STATEMENT OF OTHER EMPLOYMENT (not required, but recommended).** While this item is not required to be in the driver's file, it is strongly recommended that a driver furnish to his/her employer all hours of service performed for another employer. This may be a potential liability issue for employers if an accident occurs.

This form is provided by the Department of Safety as a tool to assist school bus contractors to be in compliance with the Federal Motor Carrier Safety Regulations and the New Hampshire School Bus Transportation Rules pertaining to driver qualification files. Employers should refer to referenced regulations in order to ascertain if any portion of the regulations apply to their operation.

(a)

Each employer shall maintain a file on each employed person qualified to drive a school bus.

The files should be kept in a secure location.

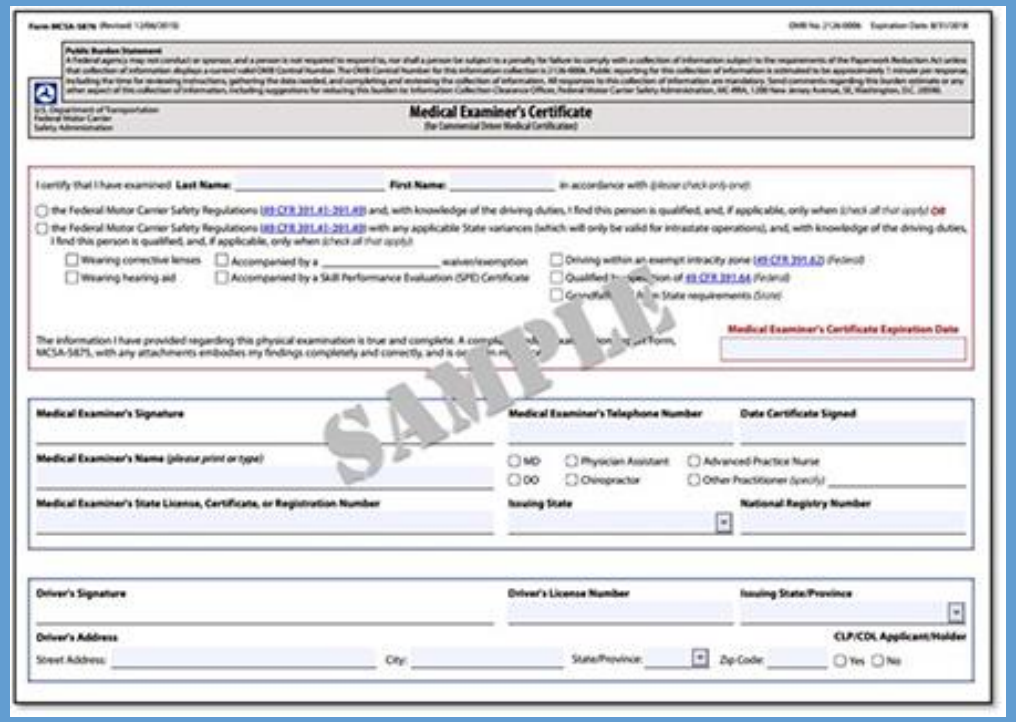
And access should be limited.

(b) The file shall include the following:

(1) Driver's application for employment.

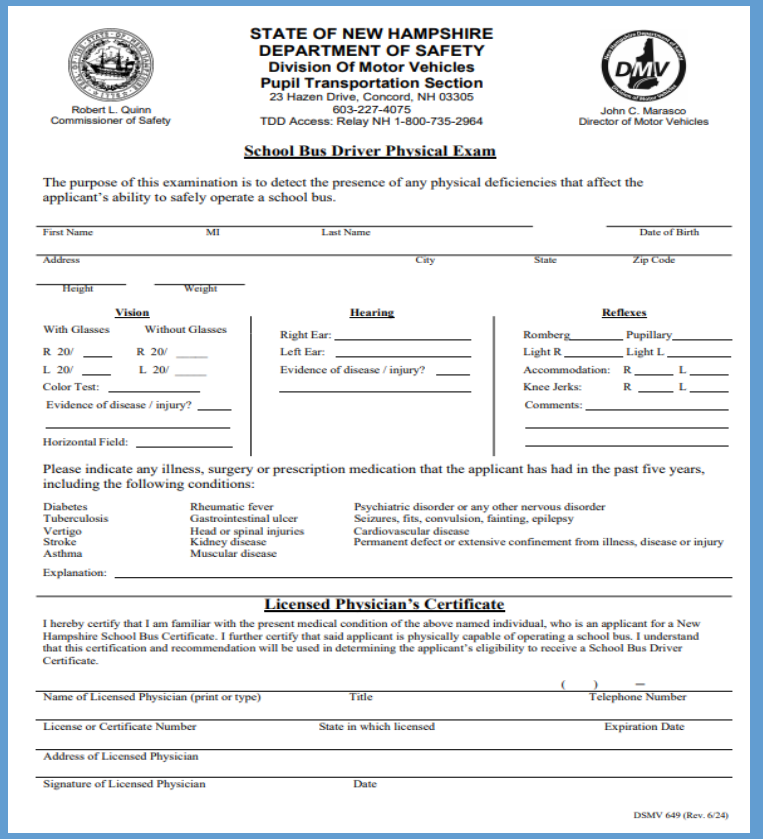
(2) Medical examiner's certificate.

For non-CDL drivers:
DSMV 649 (School Bus Driver Physical Exam).



Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

SAMPLE



STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
Division Of Motor Vehicles
Pupil Transportation Section
23 Hazen Drive, Concord, NH 03305
603-227-4075
TDD Access: Relay NH 1-800-735-2964

Robert L. Quinn
Commissioner of Safety

John C. Marasco
Director of Motor Vehicles

School Bus Driver Physical Exam

The purpose of this examination is to detect the presence of any physical deficiencies that affect the applicant's ability to safely operate a school bus.

First Name MI Last Name Date of Birth

Address City State Zip Code

Height Weight

Vision
With Glasses Without Glasses
R 20/ R 20/
L 20/ L 20/
Color Test:
Evidence of disease / injury?
Horizontal Field:

Hearing
Right Ear:
Left Ear:
Evidence of disease / injury?

Reflexes
Romberg Pupillary
Light R Light L
Accommodation: R L
Knee Jerks: R L
Comments:

Please indicate any illness, surgery or prescription medication that the applicant has had in the past five years, including the following conditions:

Diabetes
Tuberculosis
Vertigo
Stroke
Asthma
Rheumatic fever
Gastrointestinal ulcer
Head or spinal injuries
Kidney disease
Muscular disease
Psychiatric disorder or any other nervous disorder
Seizures, fits, convulsion, fainting, epilepsy
Cardiovascular disease
Permanent defect or extensive confinement from illness, disease or injury

Explanation:

Licensed Physician's Certificate

I hereby certify that I am familiar with the present medical condition of the above named individual, who is an applicant for a New Hampshire School Bus Certificate. I further certify that said applicant is physically capable of operating a school bus. I understand that this certification and recommendation will be used in determining the applicant's eligibility to receive a School Bus Driver Certificate.

Name of Licensed Physician (print or type) Title ( ) – Telephone Number

License or Certificate Number State in which licensed Expiration Date

Address of Licensed Physician

Signature of Licensed Physician Date

DSMV 649 (Rev. 6/24)

(3) Annual driver certification of violations, signed pursuant to the penalties of unsworn falsification.

MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER		DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.
(If you have had no violations, check the following box – ☐ None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

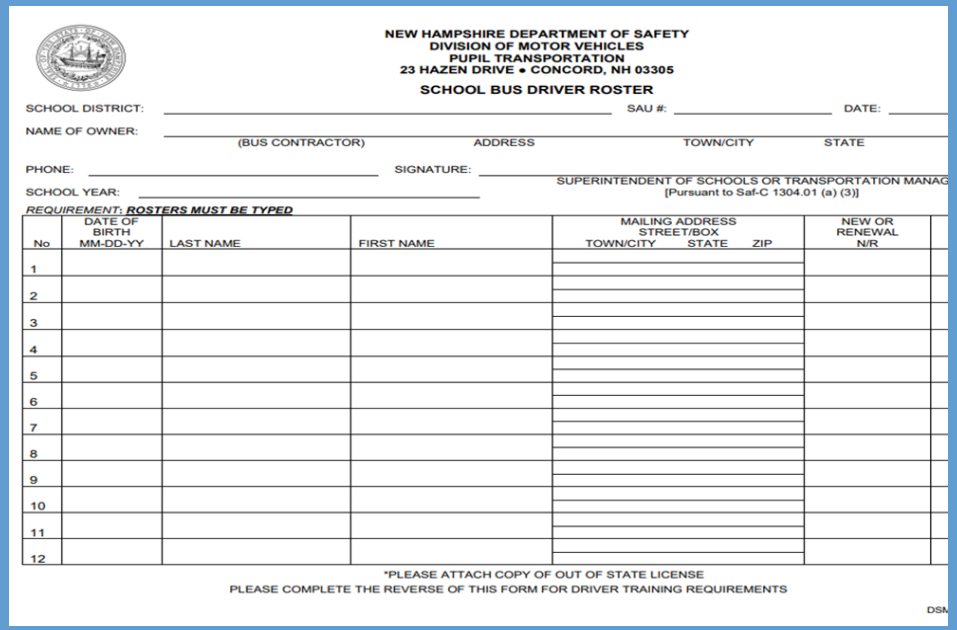
Date of Certification_____Driver's Signature

(4) Inquiry to previous employers, covering the 3 years prior to the driver's application for employment.

(5) Inquiry to state agencies, such as a copy of the current school bus roster (DSMV 126) submitted to the department.

School bus rosters can be kept in a separate binder.
You do not need to have a copy in every driver file.

A copy of the Driving Record is also ***recommended***.



NEW HAMPSHIRE DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES
PUPIL TRANSPORTATION
23 HAZEN DRIVE • CONCORD, NH 03305

SCHOOL BUS DRIVER ROSTER

SCHOOL DISTRICT: _____ SAU #: _____ DATE: _____

NAME OF OWNER: _____
(BUS CONTRACTOR) ADDRESS TOWN/CITY STATE

PHONE: _____ SIGNATURE: _____
SUPERINTENDENT OF SCHOOLS OR TRANSPORTATION MANAG

SCHOOL YEAR: _____ [Pursuant to Saf-C 1304.01 (a) (3)]

REQUIREMENT: ***ROSTERS MUST BE TYPED***

No	DATE OF BIRTH MM-DD-YY	LAST NAME	FIRST NAME	MAILING ADDRESS STREET/BOX TOWN/CITY STATE ZIP	NEW OR RENEWAL N/R
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

*PLEASE ATTACH COPY OF OUT OF STATE LICENSE
PLEASE COMPLETE THE REVERSE OF THIS FORM FOR DRIVER TRAINING REQUIREMENTS

DSM

Roster

Driving Record

(6) Annual review of driver certification pursuant to (b)(3) above.

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

☐ Meets minimum requirements for safe driving ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15

☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

_____

Reviewed by _____ _____

Signature Date

_____ _____

Printed Name Title

_____ _____

Motor Carrier Name Motor Carrier Address

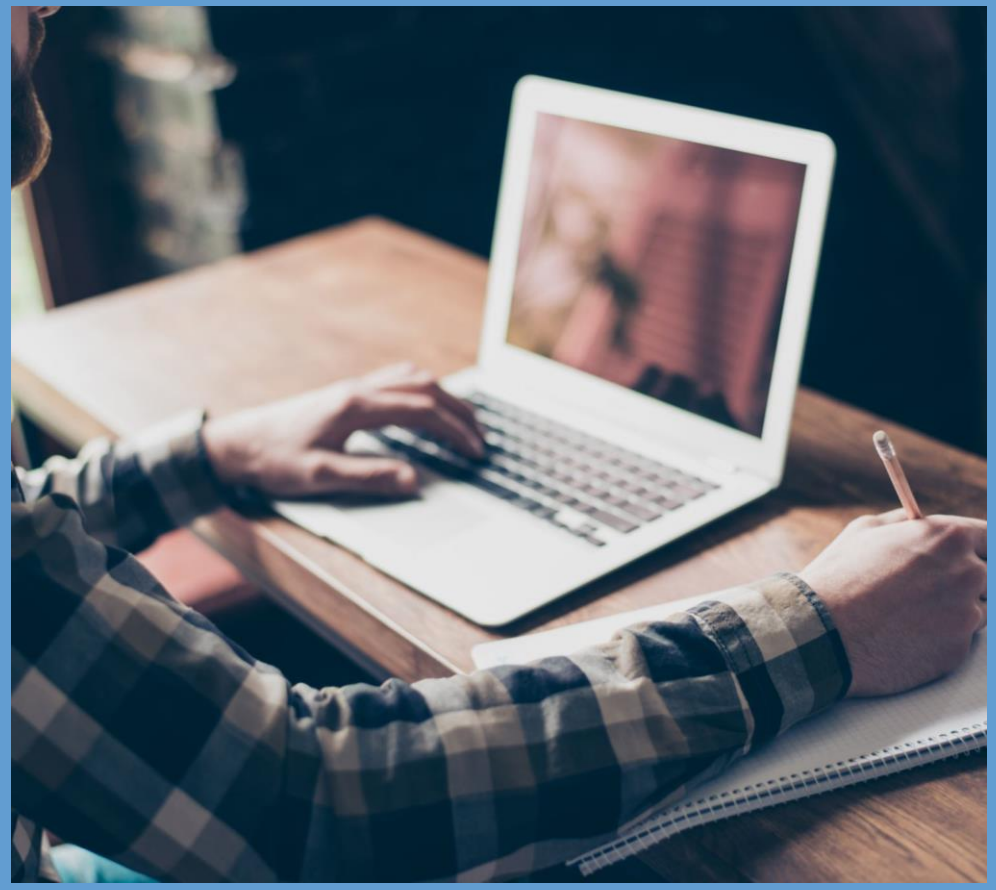
MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

(7) Controlled substance test results, if otherwise required by law.

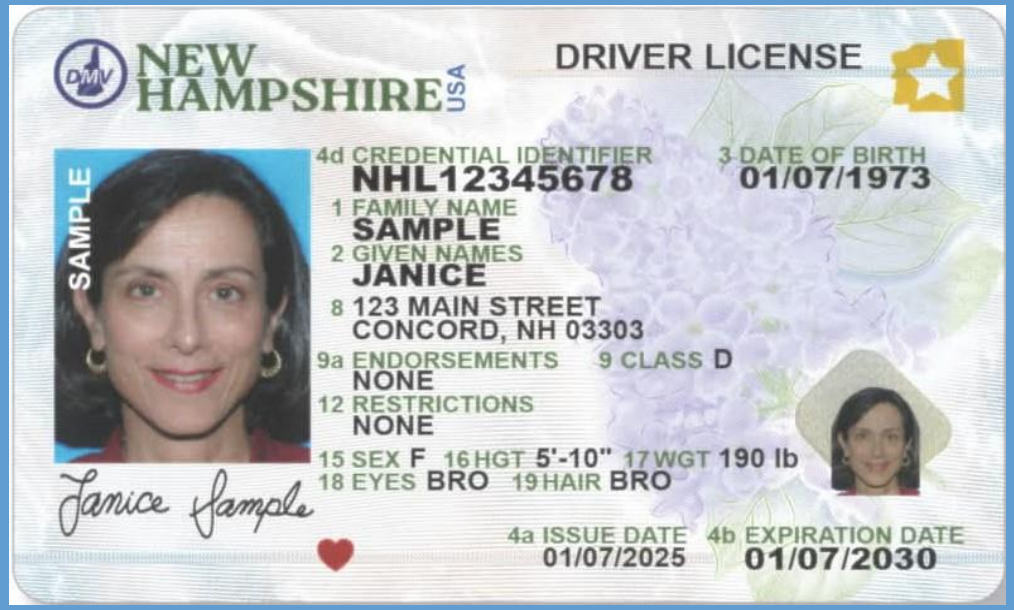
Test results can be kept in a separate binder or folder.

(8) Driver training documentation.

Training records can be kept in a separate binder or file.



(9) Copy of driver license and school bus driver's certificate.



State of New Hampshire

DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES
STEPHEN E. MERRILL BUILDING
23 HAZEN DRIVE, CONCORD, NH 03305
Telephone: (603)227-4020 TDD Access Relay NH 7-1-1

Robert L. Quinn
Commissioner of Safety

John C. Marasco
Director of Motor Vehicles

CHRISTOPHER PATRICK BURKE
[redacted]

Date:
Customer # : [redacted]

You have been issued the following Certificate:

SCHOOL BUS CERTIFICATE

Certificate Number: [redacted]

This CERTIFICATE IS EFFECTIVE UNTIL: [redacted]

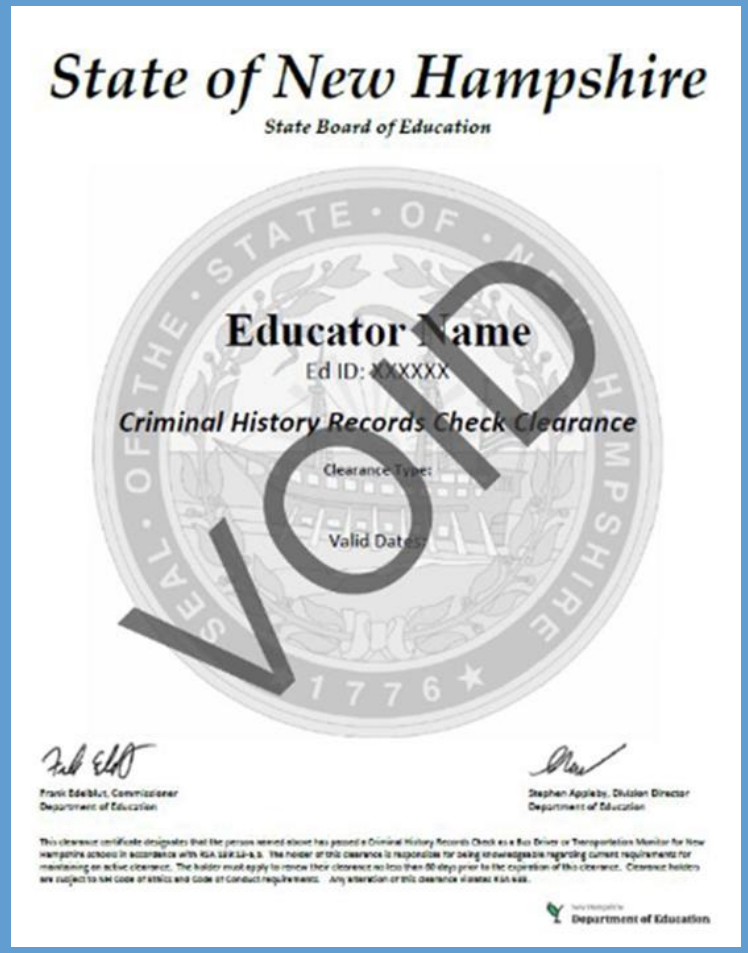
The Certificate is valid as long as you are currently rostered on a DSMV-126, School Bus Roster.

If you have any questions, please call Pupil Transportation at 603-227-4085.

Respectfully,

Christopher P. Burke
Pupil Transportation Coordinator
NH DMV
23 Hazen Drive
Concord, NH 03305
Christopher.P.Burke@dos.nh.gov

(10) Copy of New Hampshire department of education criminal history record clearance certificate.



State of New Hampshire

State Board of Education

Educator Name

Ed ID: XXXXXX

Criminal History Records Check Clearance

Clearance Type:

Valid Dates:

VOID

Frank Edelblut, Commissioner
Department of Education

Stephen Appleby, Division Director
Department of Education

This clearance certificate designates that the person named above has passed a Criminal History Records Check as a Bus Driver or Transportation Monitor for New Hampshire schools in accordance with RSA 189:13-a, II. The holder of this clearance is responsible for being knowledgeable regarding current requirements for maintaining an active clearance. The holder must apply to renew their clearance no less than 90 days prior to the expiration of this clearance. Clearance holders are subject to NH code of ethics and code of conduct requirements. Any alteration of this clearance violates RSA 638.

Department of Education

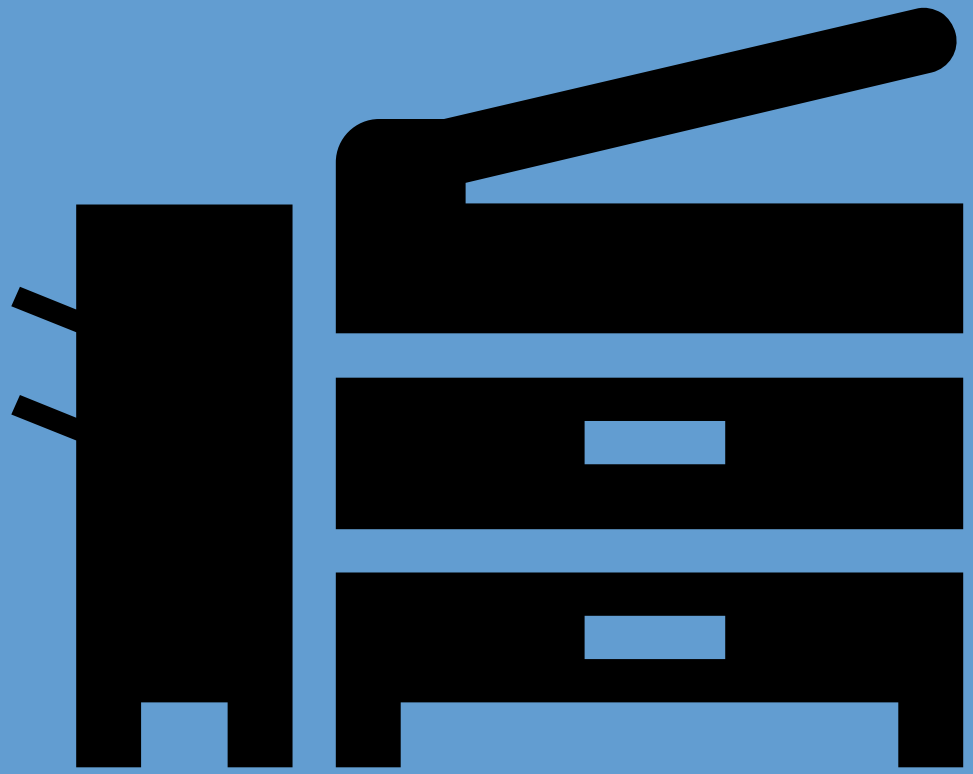
(c)

- The employer shall keep driver qualification files at their principal place of business for as long as the driver is employed and for 3 years thereafter.

- It is ***recommended*** that you keep the files longer than 3 years.

(d)

- The employer shall make the driver qualification file(s) of any employee(s) available during regular business hours at the employer's principal place of business when requested to do so by any law enforcement officer or the pupil transportation supervisor who is acting within the scope of their official duties to ensure compliance with these rules.



(f)

- An employee providing a minimum of 3 business days notice to their employer shall have access to their training records during normal business hours in order to obtain photo static or electronic copies of their training records.

Questions???