

NYSED SCHOOL BUS DRIVER PHYSICAL PERFORMANCE TEST

Driver's Last Name		First Name	MI	Driver's Signature	
Street Address			County	City	State Zip Code
Motorist ID Number	License Class/Endorsements/ Restrictions	Vehicle Type		Employer	School Type: <input type="checkbox"/> Public <input type="checkbox"/> Non-Public
Test Type: <input type="checkbox"/> New Driver <input type="checkbox"/> Biennial <input type="checkbox"/> Return to Duty				Test Location:	

SBDI: See PT901 for complete guidelines for this test. Check "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)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Standard #2	Throttle to Brake	Time: _____	(10 Throttle to Brake cycles in 10 seconds)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Standard #3	Brake/Clutch	(Hold Brake 3 seconds 5 times/Hold Clutch throughout)		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Standard #4	Door	(Manually open and close entrance door 3 times)		<input type="checkbox"/> Pass	<input type="checkbox"/> 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)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Right Side Control #2				
	Control Name:	Time: _____	(Wheel to Control to Wheel in 8 seconds)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Left Side Control #1				
	Control Name:	Time: _____	(Wheel to Control to Wheel in 8 seconds)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Left Side Control #2				
	Control Name:	Time: _____	(Wheel to Control to Wheel in 8 seconds)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Standard #6	Emergency Exit	Time: _____	(From Driver Seat and out Exit in 20 seconds)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Standard #7	Weight Drag	Time: _____	(125lbs. 30 feet in 30 seconds)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

In Accordance with the Commissioner's Regulation 156.3, and guideline PT901, and with knowledge of his/her duties, I certify that the above named Driver (check one):

- Has passed all seven standards and **is qualified** by the physical performance standards
- Is NOT Qualified** by the physical performance standards.

SBDI Information and Signature

SBDI Name (Printed)	SBDI Signature	SBDI #	Date
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Copy #1 should be placed in Employee's file. Copy #2 is for NYSED, 876 EBA, 89 Washington St. Albany, NY 12234. Copy #3 given to tested employee