

STATE OF MISSISSIPPI



Driver Trainee Name _____

Mississippi CLP # _____

Class _____ Endorsements _____ Restrictions _____

**HAS SUCCESSFULLY COMPLETED _____ HOURS OF THE
ENTRY LEVEL DRIVER TRAINING BEHIND THE WHEEL
RANGE AND PUBLIC ROAD TRAINING**

**AS SET FORTH BY FEDERAL MOTOR CARRIER SAFETY
ADMINISTRATION CODE OF FEDERAL REGULATIONS 49
CFR 380, APPENDIX A-E**

At _____ School District

ON (_____, __, 20__)



ELDT BEHIND THE WHEEL TRAINER SIGNATURE

DISTRICT TRANSPORTATION DIRECTOR
SIGNATURE

MDE BUS DRIVER TRAINER SUPERVISOR
SIGNATURE