



**PASSENGER ENDORSEMENT
STUDENT BEHIND-THE-WHEEL TRAINING REPORT**

The most current version of this document available at www.drivertraining.ohio.gov

STUDENT'S NAME	DATE OF BIRTH	HOME PHONE #	WORK PHONE #
ADDRESS	CITY	STATE	ZIP CODE
PERMIT # / DRIVER LICENSE #	DATE ISSUED		EXPIRATION DATE
ENTERPRISE NAME	ENTERPRISE #	REPORT YEAR	

NOTE: Break time and observation time does not count toward the hours of required instructional time.

RANGE TRAINING						Check for Valid Permit	Vehicle Orientation	Pre-Trip Inspection	Enroute Inspection	Post-Trip Inspection	Baggage and Cargo Management	Passenger Safety Briefing	Passenger Management	Railroad Grade Crossings	Observation			INSTRUCTOR INITIALS / LICENSE #	STUDENT INITIALS
START DATE																			
PERFORMANCE CODE: 3- GOOD 2- FAIR 1-IMPROVEMENT																			
DATE	START TIME	BREAK TIME	END TIME	HRS DRIVEN	TOTAL RUNNING TIME														
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ROAD TRAINING

START DATE

PERFORMANCE CODE:

3- GOOD 2- FAIR 1-IMPROVEMENT

DATE	START TIME	BREAK TIME	END TIME	HRS DRIVEN	TOTAL RUNNING TIME	Check for Valid Permit	Vehicle Orientation	Pre-Trip Inspection	Enroute Inspection	Post-Trip Inspection	Baggage and Cargo Management	Passenger Safety Briefing	Passenger Management	Railroad Grade Crossings	Observation					INSTRUCTOR INITIALS / LICENSE #	STUDENT INITIALS	
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CERTIFICATE ISSUED

YES NO

NUMBER

DATE ISSUED

COURSE COMPLETED

YES NO

I, the undersigned Instructor, certify that the Student has satisfactorily completed the minimum hours of behind-the-wheel instruction required by chapter 4501-7-28 of the Ohio Administrative Code (O.A.C.)

INSTRUCTOR OR TRAINING MANAGER SIGNATURE	DATE
X	

Optional:
I, the undersigned Student, certify that I have completed all training provided by the school as listed above.

STUDENT SIGNATURE	DATE
X	

No person shall falsify, alter or in any manner tamper with any records required to be kept by the O.A.C.