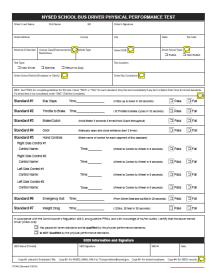
	NYSED SCHO	OL BUS DRIVER P	PHYSICAL PERFORM	ANCE T	EST	
Driver's Last Name	First Name	MI	Driver's Signature			
Street Address		County	City	State	e	Zip Code
Motorist ID Number	License Class/Endorsements/ Restrictions	Vehicle Type	Driver DOB	_	er School Type: Public	■ Non-Public
Test Type: ☐ New Driver ☐ Biennial ☐ Return to Duty			Test Location:			
Driver School District (Employer or Client):			Driver Bus Contractor:			
	omplete guidelines for this test ompleted, enter "DNC" (Did No		standard. Stop the test immediately if an	y item is failed.	. Enter time for	timed standards.
Standard #1	Bus Steps T	ime:	(3 trips up & down in 30 second	s)	☐ Pass	☐ Fail
Standard #2	Throttle to Brake T	ime:	(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	1 #4 Door (Manually open and close entrance door 3 times)			☐ Pass	☐ Fail	
Standard #5	Hand Controls	(Enter name of control fo	or each segment of this standard)			
Right Side Con Control Name		Time:	(Wheel to Control to Wheel in 8	seconds)	☐ Pass	☐ Fail
Right Side Con Control Name		Time:	(Wheel to Control to Wheel in 8	seconds)	☐ Pass	☐ Fail
Left Side Control 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	d #6 Emergency Exit Time: (From Driver Seat and out Exit in 20 seconds		☐ Pass	☐ Fail		
Standard #7	Weight Drag T	ime:	(125lbs. 30 feet in 30 seconds)		☐ Pass	☐ Fail
In Accordance with Driver (check one):	the Commissioner's Regula	tion 156.3, and guideline PT90	01, and with knowledge of his/her di	uties, I certify	y that the abov	/e named
	Has passed all seven stand	dards and is qualified by the p	physical performance standards			
	Is NOT Qualified by the p	physical performance standard				
SDDI Nama (Printed)			SBDI Information and Signature		t Date	
SBDI Name (Printed)		SBDI Signature		SBDI#	Da	ι c
Copy #1 -placed ir	n Employee's file. Copy #2 -fc	r NYSED, EMAIL ONLY to: Transpo	rtation@nysed.gov. Copy #3 -for teste	d employee.	Copy #4 -for St	BDI's records.

PT 900 - Physical Performance Test Document:

- With the addition of fields to the document, space may be limited in existing fields. Please write/ type in the spaces provided as best as possible (over-flow into other spaces is understandable).
- **Driver DOB** Please list the Driver's Date of Birth (DOB).
- **Driver School Type** Check one or both, if applicable. Driver may transport to both public and non-public schools.
- **Driver School District (employer or client)** There is an addition to the box formerly identified as "School District". It now has been moved and reads, "School District (employer or client)". This box will reflect the school district that the person being tested will be driving/employed with aka the client. Please note, this box will have a school district NAME, whether the Driver is employed by the school district or the bus contractor. For filing and retrieval purposes, we require the district and/company names this Driver may work for as a contracted employee. If there are multiple districts served by this single Driver, please list each district (abbreviate, if needed.) **Note:** If the school bus driver is located in NYC and is not yet assigned to a specific contractor, the person should be considered the "client" for purposes of this form. **PLEASE DO NOT USE 19A CARRIER NUMBERS IN THIS BOX-**
- **Driver Bus Contractor** A new box has been added to identify the company names this Driver may work for as a contracted employee (not applicable for district drivers, whom are not employed by a private contractor).
- "PASS" or "FAIL" Please mark the boxes as preferred. This can be with a check mark, an "x", by filling-in the appropriate box, or by circling a box to indicate if the Driver has passed or failed each standard.
- Copy #2 should be EMAILED to the New York State Education Department (NYSED) via Transportation@nysed.gov Emailing the forms to NYSED allows districts and vendors to scan and directly email a copy of the form to NYSED's Transportation Unit.
- **Copy** #4 SBDI Should keep a copy of this completed form for their records as well (should there be an occasion they would want to produce all the courses and PPTs they have administered).

The new PT 900 forms can be found on NYSED's website via: http://www.p12.nysed.gov/schoolbus/safety.html or directly at: http://www.p12.nysed.gov/schoolbus/safety.html

Example includes markers indicating the PT 900 additions:



Thank you for your attention to these changes.

If there are any questions, please feel free to contact us at (518)474-6547 or Transportation@nysed.gov