

American Red Cross Card



Together, we can save a life

This recognizes that
Drivers Name
 has completed the requirements for
First Aid
 conducted by
Santa Clara Valley Chapter
 Date completed **9/28/02**
 The American Red Cross recognizes this certificate
 as valid for **3** year(s) from completion date.

From Completed date **ONLY VALID** for **3**
 years of completion date

Bus:
 Inspection Approval Certificate issued by the CHP

Must be no more
 that 13 months
 from the date
 certified

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION APPROVAL CERTIFICATE School Bus School Pupil Activity Bus Farm Labor Vehicle
 Wheelchair School Bus Youth Bus General Public Paratransit Vehicle
 CHP 292 (Rev 6-89) OPI 062

YEAR 81	MAKE CROWN	VEHICLE IDENTIFICATION NUMBER	VEH. LICENSE NO.	COMPANY I.D. NO. 59
OWNER'S NAME EASTSIDE UNION HIGH SCHOOL DISTRICT		ADDRESS 830 N. Capitol Ave.	San Jose CONTRACTOR/TCP NO.	

This certifies that on the date entered below, an authorized employee of the California Highway Patrol inspected the vehicle described herein and found it complied with applicable laws and regulations relating to construction, design, and equipment.

SIGNATURE	I. D. NUMBER	LOC. CODE	DATE CERTIFIED	STICKER NO.	ODOMETER READ.
		340	12-14-00		419681

- | | |
|--|--|
| <p>1. NOTICE: The passenger capacity of the vehicle described when used as a school bus, school pupil activity bus, youth bus, or farm labor vehicle is 78 passengers in installed seating and _____ passengers in wheelchairs and the driver.</p> <p>2. It is unlawful to drive this vehicle unless this certification has been validated within the preceding 13 months.</p> <p>3. This certificate shall be posted in plain sight in the driver's compartment of the vehicle.</p> | <p>1. NOTICIA: La capacidad de pasajeros del vehiculo descrito aqui dentro cuando es usado como autobus de escuela, autobus de actividad estudiantil, autobus de jovenes, o vehhiculo de trabajadores es _____ pasajeros es sillas instaladas y _____ pasajeros en sillas de ruedas y manejero.</p> <p>2. Es contra la ley de manejar este vehiculo a menos que este certificado se Haya validado dentro de los 13 meses precedados.</p> <p>3. Este certificado debe ser postado a vista en el compartimiento del manejero Del vehiculo.</p> |
|--|--|

This certificate is the property of the Department of the California Highway Patrol.

Use previous editions except for Youth Buses, Wheelchair bus and G.P.P.V.

Examples on what to look for:

Drivers License:

CALIFORNIA COMMERCIAL DRIVER LICENSE
 EXPIRES 04-12-06 CLASS: B ENDORS: P

Commercial Driver License
 Class: B
 Endors: P

California Special Driver Certificate:

CALIFORNIA SPECIAL DRIVER CERTIFICATE Must have shown: School Bus or SPAB
 Restrictions:

DATE OF BIRTH MONTH DAY YEAR 5/16/06	EXPIRES BIRTHDAY 2006	DRIVER LICENSE NO. [REDACTED]
FULL NAME [REDACTED]		
STREET NUMBER [REDACTED]		
CITY SAN JOSE, CA 95132		
SIGNATURE OF LICENSEE [REDACTED]		
Valid only for the vehicles listed and when accompanied by an appropriate valid California driver license.		CHP AREA [REDACTED]
SCHOOL BUS - SPAB - FARM LABOR - YOUTH BUS - GPPV - OTHER 6		
RESTRICTION(S): DATE ISSUED: DL 45 (REV. 11/98) 5/17/2001		

CERTIFICATE RESTRICTIONS (Endorsement(s))

- 0 None
- 1 Automatic Transmission Only
- 2 Hydraulic brakes Only
- 3 Type 2 Bus Only
- 4 Conventional or Type 2 Bus Only
- 5 Two-Axle Motor Truck or Passenger Vehicle
- 6 First Aid Test Waived, Must Comply 12522(c) V.C.
- 7 Other (explanation required)
- A May drive vehicle with two-speed rear axle
- B Youth Bus may transport to/from place of residence

OSP 99 25065

Medical Examiner's Certificate:

MEDICAL EXAMINER'S CERTIFICATE Check Driver's Medical Certificate
 Expiration Date

I certify that I have examined _____
 in accordance with the Federal Motor Carrier Safety Regulations
 (49 CFR 391.41-391.49) and with knowledge of the driving duties,
 I find this person qualified; and, if applicable, only when:

- wearing corrective lenses.
- wearing hearing aid.
- accompanied by a _____ waiver/exemption
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64
- driving within an exempt intracity zone (49 CFR 391.62)

The information I have provided regarding this physical examination
 is true and complete. A complete examination form with any
 attachment embodies my findings completely and correctly, and is
 on file in my office.

(FOLD HERE)

SIGNATURE OF MEDICAL EXAMINER [REDACTED]	TELEPHONE 408-475-3305	DATE 3/3/05
MEDICAL EXAMINER'S NAME (PRINT) Gary L. Young M.D.	<input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse	
MEDICAL EXAMINER'S LICENSE NO. ISSUING STATE #C36974/CA		
SIGNATURE OF DRIVER [REDACTED]	DRIVER LICENSE NO. [REDACTED]	STATE CA
ADDRESS OF DRIVER San Jose CA 95111		
DRIVER'S MEDICAL CERTIFICATE EXPIRATION DATE 3/03/07		

DL 51A (REV. 6/2002)