

Ephrata School District No. 165

111 4th Ave NW

Ephrata, Washington 98823

Transportation Department

Driver Certification

TYPE II MEDICAL

STATEMENT

I _____

Pursuant to WAC 180-20-101 (1-3) here by certify that to the best of my knowledge that I have no health related problems that would impair my ability to safely operate a van or car for the purpose of transporting students. I further certify that I will inform the district in the event a medical condition arises that would impair my ability to safely operate a van or car for the purpose of transporting students.

Applicant's Signature

Date