COLORADO
Department of Education
School Finance and Operations Division

Certification of Receipt and Understanding

I, _____(Please Print) certify that I have been given and/or have access to the Colorado Department of Education Type A, Multifunction and Small Vehicle Route/Activity Operator Guide 2025.

I hereby certify that I have read and understand the Colorado Rules for the Operation, Maintenance and Inspection of School Transportation Vehicles 1 CCR 301- 26.

I understand that I am responsible, pursuant to these rules, to operate a school transportation vehicle within the Rules set forth in 1 CCR 301-26 and the laws of the State of Colorado as applicable to my job responsibilities.

I understand that I am required to receive training and provide all the documentation required per the School Transportation Vehicle Operator Requirements indicated in 1 CCR 301-26, 4204-R-5.00 that are applicable to my job responsibilities.

Driver Signature _____ Date _____

School District/Charter School/Service Provider _____

Trainer(s) Name _____ Date _____

Trainer(s) Signature _____