

**School Bus Driver and Aide  
Drug Test Verification**

I certify that the following driver/aide was given a prelicensure/pre-employment drug test and the result was negative:

Name \_\_\_\_\_

Drivers License Number/State \_\_\_\_\_/\_\_\_\_\_

School District/Charter School \_\_\_\_\_

School Bus Contractor Company \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_