Vehicle #\_\_\_\_\_\_\_ Driver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year\_\_\_\_\_\_\_\_\_

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| **Date** | **Route**  **AM/PM** | **Beginning Miles** | **Ending Miles** | **Total Miles** | **Student Count** | **Fuel** | **Driver Signature** |
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Your signature indicates that you are in full compliance of the following:

1. I have performed a daily pre-trip and a daily post-trip of all items listed on the STU-9 as required per **1 CCR 301-26, 4204-R-8.01 and 8.02.**
2. I am in compliance with the CDE Maximum Driving Time for School Transportation Vehicle Operators Rules, per **1 CCR 301-26, 4204-R-16.00**
3. I have removed all trash, swept floors and properly secured my vehicle daily.
4. I have completed all required school district documentation and complied with all school district policies pertinent to my position.