

**Sacramento City Unified School District
Transportation Services Department**

Mountain, Wheelchair, CNG Proficiency Form (TRA-F059)

DRIVER NAME: _____

Required to be checked off yearly:

TYPE OF TRAINING	TYPE OF VEHICLE	NUMBER OF PASSENGERS	TYPE OF TRANSMISSION	BRAKE SYSTEM	TYPE OF FUEL	BUS NUMBER	<i>PROFICIENCY EXPIRATION DATE</i>
Mountain							
Wheelchair Agility							
CNG	40' Transit		Automatic	Dual Air	CNG		

COMMENTS: _____

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Date: SH – 01/2003

Page 1 of 1

WHITE COPY – INSTRUCTOR

YELLOW COPY – DISPATCH

PINK COPY - DRIVER