## **Transportation Department**

Turtleford Office Box 280

Turtleford, SK S0M 2Y0 Phone: 306-845-2150

transportation.department@nwsd.ca



## **BUS DRIVER ANNUAL REPORT**

Name as it appears on driver's license	·				
		Land Location:			
Town:					
Home Phone:	c	Cell Phone:			
Have you ever been convicted of a cri	minal offence wh	ich the NWSD h	as not been notified?	O Yes	Onc
Copy of current license has been sent	to the Transporta	ation Office via e	email or text.	O Yes	ONc
Alberta resider	nts must submit a	copy of their c	urrent driver abstract.		
Route ID:	Assigned Unit Number:				
To measure the total distance of your AM Route: Calculate from the school first pick up doing your route back to	to the first pickup	-	n roads (Unloaded KM)	Calculate f	rom the
PM Route: Calculate from the school, drop off back to the school using all so	• .	•	off. (Loaded KM) Calco	ulate from t	he last
Add the AM and PM kilometers toget	her to get total da	aily kilometers.			
X		Date:			
Bus Driver Signature					
FFICE USE ONLY					
		Date Ent	ered:		
Supervisor of Transportation					