



Montana School Bus Driver Certificate

TR-35(12/08)

- Driver
- County Superintendent
- School District

School bus drivers are required to comply with qualification set forth in Section 20-10-103, MCA, and 10.7.111 ARM, and file a certificate of compliance with the County Superintendent of Schools.

Driver's License #	Last Name	First Name	MI	Gender
0301819534108	Hamill	James	R	M
Address		City	State	Zip
9 Antler Court		Thompson Falls	MT	59873
Signature Of Applicant			Date	
			8/31/20	

The person named on this certificate is in compliance with the following requirements:

	Yes	Expiration Date
Has a minimum of five years licensed driving experience, and is not less than 18 years of age	<input checked="" type="checkbox"/>	
Has a driver's license with commercial vehicle operator's endorsement		03/08/2021
Holds a current basic first aid certificate		12/30/2020
Hold a current CPR certificate		12/30/2020
Grace period expiration date		
Has filed a satisfactory medical examination report		08/20/2021
Criminal background check date		07/29/2014

This person is qualified to operate a school bus in accordance with Section 20-10-103, MCS, and 10.7.111 ARM, and is hereby authorized by the board of trustees to operate a school bus for this school system.

Certificate Issue Date	Signature - Chair, Board of Trustees
08/21/2020	

This driver has been assigned to school systems with the following districts:

- 0804 Thompson Falls Elem
- 0805 Thompson Falls H S
- 0807 Trout Creek Elem

*Effective August 8, 2014, bus drivers must obtain CPR Instruction in conjunction with First Aid, Medical Certification by an approved physician on the National Physician's Registry, as well as a valid CDL. New drivers are required to follow the same rules, but in addition must pass either a name-based or fingerprint-based criminal background check. Districts not in compliance state and county transportation reimbursement will be forfeited. (ARM 10.7.111, 10.64.201)



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School bus drivers are required to comply with qualification set forth in Section 20-10-103, MCA, and 10.7.111 ARM, and file a certificate of compliance with the County Superintendent of Schools.

Driver's License # 0907219604100	Last Name Shear	First Name Bryce	MI G	Gender M
Address PO Box 162		City Thompson Falls	State MT	Zip 59873
Signature Of Applicant 				Date 8-25-20

The person named on this certificate is in compliance with the following requirements:

	Yes	Expiration Date
Has a minimum of five years licensed driving experience, and is not less than 18 years of age	<input checked="" type="checkbox"/>	
Has a driver's license with commercial vehicle operator's endorsement		09/10/2025
Holds a current basic first aid certificate		11/01/2021
Hold a current CPR certificate		11/01/2021
Grace period expiration date		
Has filed a satisfactory medical examination report		08/18/2021
Criminal background check date		05/02/2018

This person is qualified to operate a school bus in accordance with Section 20-10-103, MCS, and 10.7.111 ARM, and is hereby authorized by the board of trustees to operate a school bus for this school system.

Certificate Issue Date 08/25/2020	Signature - Chair, Board of Trustees
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This driver has been assigned to school systems with the following districts:

- 0804 Thompson Falls Elem
- 0805 Thompson Falls H S
- 0807 Trout Creek Elem

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Driver's License #	Last Name	First Name	MI	Gender
0907311963411	Alexander	Seth	D	M
Address		City	State	Zip
320 Ferry St		Thompson Falls	MT	59873
Signature Of Applicant				Date
				8/18/20

The person named on this certificate is in compliance with the following requirements:

	Yes	Expiration Date
Has a minimum of five years licensed driving experience, and is not less than 18 years of age	<input checked="" type="checkbox"/>	
Has a driver's license with commercial vehicle operator's endorsement		09/17/2024
Holds a current basic first aid certificate		11/01/2021
Hold a current CPR certificate		11/01/2021
Grace period expiration date		
Has filed a satisfactory medical examination report		08/18/2021
Criminal background check date		09/26/2019

This person is qualified to operate a school bus in accordance with Section 20-10-103, MCS, and 10.7.111 ARM, and is hereby authorized by the board of trustees to operate a school bus for this school system.

Certificate Issue Date	Signature - Chair, Board of Trustees
08/18/2020	

This driver has been assigned to school systems with the following districts:

- 0804 Thompson Falls Elem
- 0805 Thompson Falls H S
- 0807 Trout Creek Elem

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Driver's License #	Last Name	First Name	MI	Gender
0907219604100	Shear	Bryce	G	M
Address		City	State	Zip
PO Box 162		Thompson Falls	MT	59873
Signature Of Applicant				Date

The person named on this certificate is in compliance with the following requirements:

	Yes	Expiration Date
Has a minimum of five years licensed driving experience, and is not less than 18 years of age	<input checked="" type="checkbox"/>	
Has a driver's license with commercial vehicle operator's endorsement		09/10/2025
Holds a current basic first aid certificate		11/01/2021
Hold a current CPR certificate		11/01/2021
Grace period expiration date		
Has filed a satisfactory medical examination report		08/18/2021
Criminal background check date		05/02/2018

This person is qualified to operate a school bus in accordance with Section 20-10-103, MCS, and 10.7.111 ARM, and is hereby authorized by the board of trustees to operate a school bus for this school system.

Certificate Issue Date	Signature - Chair, Board of Trustees
08/25/2020	

This driver has been assigned to school systems with the following districts:

- 0804 Thompson Falls Elem
- 0805 Thompson Falls H S
- 0807 Trout Creek Elem

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School bus drivers are required to comply with qualification set forth in Section 20-10-103, MCA, and 10.7.111 ARM, and file a certificate of compliance with the County Superintendent of Schools.

Driver's License # 0203719864103	Last Name Hensley	First Name Elric	MI J	Gender M
Address 201 2nd Street		City Noxon	State MT	Zip 59853
Signature Of Applicant <i>X Elric Hensley</i>			Date 8/25/20	

The person named on this certificate is in compliance with the following requirements:

	Yes	Expiration Date
Has a minimum of five years licensed driving experience, and is not less than 18 years of age	<input checked="" type="checkbox"/>	
Has a driver's license with commercial vehicle operator's endorsement		02/03/2025
Holds a current basic first aid certificate		12/30/2020
Hold a current CPR certificate		12/30/2020
Grace period expiration date		
Has filed a satisfactory medical examination report		08/20/2022
Criminal background check date		04/05/2015

This person is qualified to operate a school bus in accordance with Section 20-10-103, MCS, and 10.7.111 ARM, and is hereby authorized by the board of trustees to operate a school bus for this school system.

Certificate Issue Date 08/25/2020	Signature - Chair, Board of Trustees
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This driver has been assigned to school systems with the following districts:

- 0804 Thompson Falls Elem
- 0805 Thompson Falls H S
- 0807 Trout Creek Elem

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Driver's License #	Last Name	First Name	MI	Gender
5217489470000	Mosher	John	W	M
Address		City	State	Zip
PO Box 2		Thompson Falls	MT	59873
Signature Of Applicant				Date

The person named on this certificate is in compliance with the following requirements:

	Yes	Expiration Date
Has a minimum of five years licensed driving experience, and is not less than 18 years of age	<input checked="" type="checkbox"/>	
Has a driver's license with commercial vehicle operator's endorsement		01/29/2023
Holds a current basic first aid certificate		12/30/2020
Hold a current CPR certificate		12/30/2020
Grace period expiration date		
Has filed a satisfactory medical examination report		07/22/2022
Criminal background check date		09/07/2006

This person is qualified to operate a school bus in accordance with Section 20-10-103, MCS, and 10.7.111 ARM, and is hereby authorized by the board of trustees to operate a school bus for this school system.

Certificate Issue Date	Signature - Chair, Board of Trustees
07/23/2020	

This driver has been assigned to school systems with the following districts:

- 0804 Thompson Falls Elem
- 0805 Thompson Falls H S
- 0807 Trout Creek Elem

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Driver's License # 1202519524111	Last Name Greenside	First Name Shelley	MI A	Gender F
Address 49 Osprey Drive East		City Thompson Falls	State MT	Zip 59873
Signature Of Applicant <i>Shelley A. Greenside</i>				Date 7-7-20

The person named on this certificate is in compliance with the following requirements:

	Yes	Expiration Date
Has a minimum of five years licensed driving experience, and is not less than 18 years of age	<input checked="" type="checkbox"/>	
Has a driver's license with commercial vehicle operator's endorsement		12/11/2020
Holds a current basic first aid certificate		12/30/2020
Hold a current CPR certificate		12/30/2020
Grace period expiration date		
Has filed a satisfactory medical examination report		07/02/2021
Criminal background check date		09/30/2006

This person is qualified to operate a school bus in accordance with Section 20-10-103, MCS, and 10.7.111 ARM, and is hereby authorized by the board of trustees to operate a school bus for this school system.

Certificate Issue Date 07/07/2020	Signature - Chair, Board of Trustees
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This driver has been assigned to school systems with the following districts:

- 0804 Thompson Falls Elem
- 0805 Thompson Falls H S

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