

**TYPE III Special Needs and Knowledge Training  
Cloquet Transit Company Inc.**

Date: \_\_\_\_\_

I certify that on the above date I completed the State of Minnesota Power Point Presentation from the MN State Patrol website on TYPE III Pre-Trip planning and School Bus Driver Training.

Employee Name \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

I certify that on the above date I completed the Type III Special Needs and Knowledge Quiz.

Employee Name \_\_\_\_\_ Signature \_\_\_\_\_