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Certificate of Receipt

Ι,	, certify that I have received the Bus Driver
Controlled Substance and Alcohol Testing Adn	ninistrative Regulations, including Appendices
A and B. Further, I agree to review the admi	nistrative regulations carefully. I understand
that if I have any questions regarding these ac	dministrative regulations, or any part thereof,
I should contact	
NAME:	
DATE:	