

COMMONWEALTH OF MASSACHUSETTS
REGISTRY OF MOTOR VEHICLES
VEHICLE SAFETY AND COMPLIANCE SERVICES
ATTN: SCHOOL BUS PROGRAM

Fee - \$25

Initial

Renewal

P.O. BOX 55892
BOSTON, MA 02205-5892

**APPLICATION FOR SCHOOL BUS DRIVER INSTRUCTOR
CERTIFICATE (MUST BE COMPLETED IN INK OR TYPED)**

1. Print Name _____ D.O.B. _____ / _____ / _____

2. Residential Address: No. _____ Street _____

City _____ State _____ Zip _____ Tel.# () _____

3. License Information:

State _____ Lic.# _____ Expiration Date _____ S.S.# _____

Class of License _____ Yrs. of Experience _____

Current Employer _____ Tel.# () _____

4. Have you ever been charged with or convicted of any crime, including motor vehicle violations?
() Yes () No
If yes, give details. _____

TO BE SUBMITTED WITH THIS APPLICATION

- 5. If you hold an out-of-state license, you must submit a photo copy of your current license, a certified copy of your driving record (cannot be more than 30 days old), and a criminal record history.
- 6. A photocopy of your current School Bus Certificate issued by the DPU.

INITIAL APPLICANTS ONLY

7. Certification of successful completion of the School Bus Instructor's Course as prescribed by the Registrar.

8. Have you held a School Bus Operator's License for at least two (2) years as required by: CMR 540 8.01 _____? If yes, you must submit such proof with this application.

FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT, OR BOTH
(GEN LAWS, CH. 90, SEC. 24)

I have attended a required training program within the last four years (540 CMR 8.02(4)).

Date and Location of training program _____

Date _____ Applicant's Signature _____

(FOR OFFICE USE ONLY)

App Rec'd _____ Fee Rec'd _____ Approved _____

Issued _____ Cash _____ Date _____

MI'd _____ Check# _____