



# Application for School Bus Road Test

**Registry of Motor Vehicles • Vehicle Safety & Compliance Services**  
P.O. Box 55892 • Boston MA 02205-5892

**IMPORTANT:** There is no fee required with this application. The fee will be collected at the Service Center after completion of the Road Test.

## A. Applicant Information

Last Name		First Name		Middle Name		Suffix	
Date of Birth (MM/DD/YYYY)	Driver's License #	Social Security Number		Gender <input type="checkbox"/> M <input type="checkbox"/> F			
Residential Address (Where you actually reside)							
Street	Apt. #	City		State	Zip Code -		
Email				Phone Type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Phone #	
<b>Employer Information</b>							
Employer Name		Address Street		City	State	Zip Code -	
Employer Email				Phone Type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Phone #	
Instructor Name				Email		Phone #	

## B. Type of Road Exam

- School Bus Re-Test
- Airbrake Test
- CDL Upgrade Test
- Restricted Test

## C. Certification and Signature of Applicant

I have reviewed this completed **Application** and affirm, under the penalties of perjury, that the information I have provided is true and correct. **I am aware that false statements are punishable by fine, imprisonment, or both under M.G.L. Chapter 90, Section 24B.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_