



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 #	
Employer Information							
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 _____