



7D School Pupil Transportation Certificate

Save time, go to mass.gov/RMV to apply online!

Registry of Motor Vehicles • Vehicle Safety & Compliance Services

P.O. Box 55892 • Boston MA 02205-5892

IMPORTANT: This application must be completed, signed and dated. An incomplete application will be returned.

A. Checklist

Application/Renewal:

- ✓ All applications must be filled out completely
- ✓ The application must be signed by the applicant
- ✓ The appropriate fee in a check or money order must be enclosed – payable to MassDOT. (\$15.00 for 1-year certificate; \$7.50 for 6-month certificate when applicable)
- ✓ Only original forms will be accepted. Do Not Send Copies
- ✓ The transportation company that you are employed by, or expect to be employed by, must be filled out with name, address, phone and email
- ✓ If an **INITIAL** applicant, who has **relocated** from another state/country,
 - ✓ Include **Certified** Out-of-State Driving Record effective within the preceding 90 days of submission of application
 - ✓ Include **Certified** Out-of-State Criminal Record Report effective within the preceding 90 days of submission of application

CORI Form:

- ✓ The CORI form must be filled out completely **and notarized**
- ✓ The CORI form must accompany your application

Physical Form:

- ✓ The RMV medical form must be included with your application
- ✓ All medical form questions must be answered
- ✓ The medical exam must have been conducted and dated within the preceding 90 days of the submission of application
- ✓ The medical results must be reviewed for any disqualifications
- ✓ The Medical Doctor (MD or DO) must sign, date, and provide NPI#

Current Out of State Applicant:

- ✓ Include **Certified** Out-of-State Driving Record effective within the preceding 90 days of submission of application. (Screen prints are not accepted.)
- ✓ Include **Certified** Out-of-State Criminal Record Report effective within the preceding 90 days of submission of application.

If the Checklist is not complete, there will be a delay in processing the application. Keep a copy of all forms.

For questions or assistance, please call Vehicle Safety & Compliance Services @ 857-368-8130.

Mail complete application to:

Registry of Motor Vehicles

Vehicle Safety & Compliance Services Attn: 7D- Licensing
P.O. Box 55892 Boston, MA 02205-5892

B. 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			
License Class		State of Issuance		Expiration (MM/DD/YYYY) / /				7D Certificate Expiration (MM/DD/YYYY), if applicable / /							
Residential Address (Where you actually reside)															
Street				Apt. #		City				State		Zip Code			
Mailing Address <input type="checkbox"/> (same as above)															
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 #			

Please complete form on next page

C. Service Type

1. Type: 6-Month - \$7.50 (Applicants 70+ years of age, insulin-dependent diabetics, or applicants who have had a hypoglycemic episode)
 New - \$15 Renewal/Annual - \$15

D. Certification and Signature of Applicant

I have reviewed this completed **Application Form** and swear (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.

Signature: _____ Date: _____

E. Medical Information

I hereby authorize the physician completing this form to discuss and release any or all medical records pertaining to it content with or to representatives of the Registry of Motor Vehicles.

Applicant's Signature _____ Date _____

**This form must be COMPLETED by a MEDICAL DOCTOR who is licensed to practice in Massachusetts
 *Nurse Practitioner or Physician Assistant is NOT Accepted***

F. Patient Information

Last Name				First Name				Middle Name				Suffix			
Date of Birth (MM/DD/YYYY)				Driver's License #											

- Is the applicant currently diagnosed with having diabetes? Yes No
 Is the applicant insulin dependent? Yes No
 Has applicant ever had a hypoglycemic episode or spell? Yes No
If "YES", to either above, the applicant must submit a "Diabetes Medical Evaluation Form" completed by a medical doctor Board Certified or Board eligible in Endocrinology.
- Does the applicant have an **Implanted Cardiac Defibrillator**? Yes No
If "YES", the applicant must submit a "Cardiovascular Medical Evaluation Form" completed by a medical doctor.
- Distant Visual Acuity (Snellen):** Left eye: (OS)20/ _____ Right eye: (OD) 20/ _____
 Does the applicant use corrective lenses for driving? Yes No
 (If applicant uses corrective lenses for driving, please specify visual acuity above as corrected with Rx)
 Combined horizontal peripheral field of vision, must be **NOT LESS THAN 120** combined (Record in degrees.): _____
 Is the applicant able to distinguish the colors red, green and amber? Yes No
- Hearing:** Can the applicant perceive a forced **whispered voice** in the better ear at not less than 5feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than **40 decibels** at 500Hz, 1000 Hz, and 2000Hz with or without a hearing aid when the audiometric device is calibrated to the American National Standard? Yes No
- Does the applicant have a **Respiratory Disease/Disorder**? Yes No
 If "YES" does the applicant have an O2 saturation rate of greater than 88%, at rest or with minimal exertion, with or without supplemental oxygen? Yes No
- Is the applicant currently diagnosed with **Epilepsy**? Yes No
- Does the applicant have any **loss or impairment** of foot, leg, fingers, hand, or arm likely to interfere with safe driving? Yes No
- Does the applicant have any other physical condition likely to interfere with safe driving? Yes No
- Does the applicant have any **mental, nervous, organic, or functional disease** likely to interfere with safe driving? Yes No

Please complete form on next page

10. Does the applicant have any **contagious or communicable diseases**?..... Yes No
11. Is the applicant addicted to the use of **narcotics** or habit forming or **tranquilizers** or **stimulants** or the excessive use of **alcoholic beverages** or **liquors**?..... Yes No
12. Please check ONE BOX below:
- The patient named above IS medically qualified to operate a school pupil transport vehicle and fulfill all of the duties and responsibilities associated with such operation.**
- The patient named above IS NOT medically qualified to operate a school pupil transport vehicle.**

Additional Comments: _____

G. Physician Information and Attestation

NPI #		Massachusetts Board of Registration #	
Last Name		First Name	Middle Name
Phone #	Address Street	City/Town	Zip Code
Email			

I hereby certify that the information provided herein is true, accurate and complete:

Physician's Signature _____ Date: _____



Criminal Offender Record Information (CORI) Acknowledgment Form

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 |



To be used by organizations conducting CORI checks for employment or licensing purposes.

The Massachusetts Registry of Motor Vehicles is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to DCJIS. I hereby acknowledge and provide permission to the Massachusetts Registry of Motor Vehicles to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Massachusetts Registry of Motor Vehicles with written notice of my intent to withdraw consent to a CORI check.

I also understand, that the Massachusetts Registry of Motor Vehicles may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



Criminal Offender Record Information (CORI) Acknowledgment Form

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 |



A. Applicant Information

Please complete this section using the information of the person whose CORI you are requesting. The fields marked with an asterisk (*) are required.

*First Name		*Last Name		Middle Name	Suffix
Former Last Name #1			Former Last Name #2		
Former Last Name #3			Former Last Name #4		
*Date of Birth (MM/DD/YYYY)		Place of Birth		*Last SIX digits of Social Security Number (SSN)?	
/ /				- <input type="checkbox"/> No SSN	
Gender	Height (feet, inches)	Eye Color		Race	
<input type="checkbox"/> M <input type="checkbox"/> F					
Driver's License of ID Number			State of Issue		
Father's Full Name			Mother's Full Name		
Current Address					
* Residential Address (Where you actually reside)					
Street		Apt. #	*City	*State	Zip Code

B. Notarization Section – this section must be completed by a notary public

"On this ____ day of _____, 20 __, before me, the undersigned notary public, _____
(name of applicant) personally appeared, proved to me through satisfactory evidence of identification, which were
_____, to be the person who signed the preceding or attached document in my presence and who swore or
affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

Seal of Notary Public

Notary Public Signature _____

Commonwealth of Massachusetts

County of _____

Commission Expires: _____