



Application for School Bus Driver Instructor Certificate

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

A. Service Type

Fee – \$25 Initial Renewal

B. Applicant Information (please print legibly)

Last Name		First Name		Middle Name	Suffix
Date of Birth (MM/DD/YYYY)		Email		Phone #	
Address					
Street	Apt. #	City		State	Zip Code
License #	State	Expiration Date (MM/DD/YYYY)		Social Security #	Class of License
Yrs. of Experience	Current Employer			Employer Phone #	

Have you ever been charged with or convicted of any crime, including motor vehicle violations? Yes No

If yes, give details: _____

Are you currently or have you ever been employed by MassDOT? Yes No

Do you have any immediate family employed with MassDOT? Yes No

C. To Be Submitted with This Application

- ✓ 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.
- ✓ A photocopy of your current School Bus Certificate issued by the DPU.

Initial Applicants Only

- ✓ Certification of successful completion of the School Bus Instructor's Course as prescribed by the Registrar.
- ✓ Have you held a School Bus Operator's License for at least two (2) years as required by: **CMR 540 8.01**? Yes No
If yes, you must submit such proof with this application.

D. Certification and Signature of Applicant (application not complete without signature)

I 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.**

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

Date of Training (MM/DD/YYYY)	Location of Training Program

Applicant's Signature: _____ Date: _____

For RMV Use Only

Issued: _____ Date: _____