



CHAUFFEUR LICENSE WITH PUPIL TRANSPORTATION CERTIFICATION APPLICATION

TRANSACTION TYPE (PLEASE SELECT ONE)

Please return this completed application to the **School Bus Safety Office, Business and Commercial Services,**
 Division of Motor Vehicles, 600 New London Ave., Cranston, RI 02920

NEW APPLICATION RENEWAL APPLICATION

APPLICATION INFORMATION

FULL NAME:		FORMER NAME(S) USED:	
RESIDENCE ADDRESS – NUMBER AND STREET:		CITY OR TOWN:	STATE/ZIP CODE:
MAILING ADDRESS – NUMBER AND STREET: (IF DIFFERENT FROM RESIDENCE ADDRESS)		CITY OR TOWN:	STATE/ZIP CODE:

LICENSE INFORMATION

DATE OF BIRTH: (MM/DD/YY)	PLACE OF BIRTH: (CITY/TOWN, STATE, PROVINCE OR COUNTRY)	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	
WEIGHT: _____ LBS	HEIGHT: _____ FT _____ IN	EYE COLOR: (check one) <input type="checkbox"/> BROWN <input type="checkbox"/> GREEN <input type="checkbox"/> GRAY <input type="checkbox"/> DICHROMATIC <input type="checkbox"/> BLUE <input type="checkbox"/> BLACK <input type="checkbox"/> HAZEL <input type="checkbox"/> PINK	HAIR COLOR: (check one) <input type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> WHITE <input type="checkbox"/> BALD <input type="checkbox"/> BLONDE <input type="checkbox"/> RED <input type="checkbox"/> GRAY
DO YOU NOW HOLD A VALID LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, IN WHAT STATE?	LICENSE NUMBER:	EXPIRATION DATE (mm/dd/yy):
HAS YOUR LICENSE EVER BEEN SUSPENDED IN THIS OR ANY OTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW LONG HAVE YOU HELD A LICENSE TO OPERATE MOTOR VEHICLES IN THIS STATE? _____ YEARS	IN WHAT OTHER STATE(S) HAVE YOU HELD A LICENSE?	HOW LONG? _____ YEARS
HAVE YOU EVER BEEN CONVICTED IN ANY MUNICIPAL, STATE OR FEDERAL COURT FOR ANY OFFENSE? IF YES, PLEASE EXPLAIN: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU CURRENTLY HAVE A MEDICAL CONDITION WHICH WOULD IMPAIR YOUR ABILITY TO SAFELY OPERATE A MOTOR VEHICLE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU WANT TO REGISTER (OR CONTINUE TO BE REGISTERED) AS AN ORGAN AND TISSUE DONOR? (If you are currently registered as an organ and tissue donor, you will remain registered only if you choose YES every time). VISIT donatelifenewengland.org for more information.			<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU WANT TO REGISTER TO VOTE, IF YOU HAVE NOT ALREADY DONE SO? IF YES, PLEASE ENTER PARTY AFFILIATION BELOW PARTY AFFILIATION: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU USE ANY TYPE OF CORRECTIVE LENSES WHILE DRIVING?			<input type="checkbox"/> YES <input type="checkbox"/> NO

BCI CHECK AND DRIVING REQUIREMENTS

OUT OF STATE APPLICANT

- Applicants who are currently licensed in another state(s) or have been within the past five(5) years must submit Criminal Background checks and Driving Records from the state(s) they have previously been licensed in.
- Applicants must submit a Rhode Island Criminal background check (BCI) from the Attorney General's Office.
- If you are currently licensed in another state you are required to hold a chauffeur endorsement from that state.

IN-STATE APPLICANT

If you are an in-state applicant, you are required to submit a Background Criminal Report from the State of Rhode Island.

An original Criminal Background Report (BCI) can be obtained from the

RHODE ISLAND ATTORNEY GENERAL'S OFFICE, 4 HOWARD AVE, CRANSTON RI 02920
 401-274-4400

—————> APPLICATION CONTINUED ON THE BACK <—————

REFERENCES

Applicants for the Pupil Transportation Certificate are required to have three (3) certificates signed by responsible persons attesting to the applicant's good character and habits. Please have your references sign below.

REFERENCE 1

I HEREBY CERTIFY THAT I HAVE KNOWN _____ FOR _____ YEARS AND KNOW HIM/HER TO BE HONEST, SOBER AND OF GOOD CHARACTER AND HABITS.

SIGNATURE: _____ ADDRESS: _____ CITY/STATE/ZIP: _____

OCCUPATION: _____ TELEPHONE: _____

REFERENCE 2

I HEREBY CERTIFY THAT I HAVE KNOWN _____ FOR _____ YEARS AND KNOW HIM/HER TO BE HONEST, SOBER AND OF GOOD CHARACTER AND HABITS.

SIGNATURE: _____ ADDRESS: _____ CITY/STATE/ZIP: _____

OCCUPATION: _____ TELEPHONE: _____

REFERENCE 3

I HEREBY CERTIFY THAT I HAVE KNOWN _____ FOR _____ YEARS AND KNOW HIM/HER TO BE HONEST, SOBER AND OF GOOD CHARACTER AND HABITS.

SIGNATURE: _____ ADDRESS: _____ CITY/STATE/ZIP: _____

OCCUPATION: _____ TELEPHONE: _____

MEDICAL REQUIREMENT

Applicants are required to submit a satisfactory DOT medical card showing they are medically fit to transport students to and from school.

SPONSOR

Applicants must be sponsored by a school committee / school bus company.

NAME OF SPONSOR: _____ SIGNATURE OF MANAGER: _____

AUTHORIZATION

I certify that my answers are true and complete to the best of my knowledge. As part of the application process, the School Bus Safety Office will make inquiries to national, state and local law enforcement agencies to determine the fitness and competency of the applicant to operate a Pupil Transportation vehicle.

Applicant Signature

Print Name

Date (mm/dd/yy)

Subscribed and sworn to me on _____ day of _____, 20____

Notary Public

Commission
Exp. Date