



APPLICATION FOR RECERTIFICATION OF SCHOOL BUS DRIVER

Applicant's Information (Complete All Fields)

LAST NAME:		FIRST NAME:		MIDDLE NAME:		SUFFIX:	
ANY FORMER NAME:							
RESIDENCE ADDRESS:				CITY/TOWN:		STATE:	ZIP:
PREVIOUS RESIDENCE ADDRESS: (IF WITHIN THE PAST THREE (3) YEARS)				CITY/TOWN:		STATE:	ZIP:
MAILING ADDRESS: (IF DIFFERENT FROM RESIDENCE)				CITY/TOWN:		STATE:	ZIP:
DATE OF BIRTH: (MM/DD/YY)		SOCIAL SECURITY NUMBER:				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	
COMMERCIAL DRIVER'S LICENSE NUMBER:		STATE:	LENGTH OF EMPLOYMENT AS A SCHOOL BUS DRIVER?: _____ YRS _____ MOS				

School Bus Operator's Recertification Questions

1. Have you been convicted in any court for any offense? YES NO
 If you answered YES, please explain in detail below:

2. Have you had your driver's license or CDL suspended, revoked or canceled? YES NO
 If you answered YES, please explain in detail below:

3. Have you ever been convicted of any of the following serious traffic violations? (please check yes or no for each question)

- Excessive speeding (in excess of 15 MPH) <input type="checkbox"/> YES <input type="checkbox"/> NO	- Following too closely <input type="checkbox"/> YES <input type="checkbox"/> NO
- Improper, erratic lane change <input type="checkbox"/> YES <input type="checkbox"/> NO	- Reckless driving <input type="checkbox"/> YES <input type="checkbox"/> NO

 If you answered YES to any of the choices in question 3, please explain in detail below:

SIGNATURE:	DATE: (MM/DD/YY)
------------	------------------

To Be Completed By Employer

NAME OF COMPANY/MUNICIPALITY:	TERMINAL LOCATION:
How long has this applicant been employed by you? _____	
Since employment with you, has this driver been in compliance with Section 3.0 of the Rhode Island Rules and Regulations for School Bus Operators? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE OF AUTHORIZED AGENT:	DATE: (MM/DD/YY)

IN ADDITION TO THIS APPLICATION, THE CDL SELF-CERTIFICATION FORM NEEDS TO BE COMPLETED