



CHAUFFEUR LICENSE WITH PUPIL TRANSPORTATION CERTIFICATION APPLICATION

APPLICANT INFORMATION

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

FULL NAME:		FORMER NAMES(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 or Town, State or Province, Country):	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
WEIGHT: lbs.	HEIGHT: ft. in.	EYE COLOR:	HAIR COLOR:
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 BEFORE IN ANY DISTRICT OR SUPERIOR COURT FOR ANY OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN: _____			
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			

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.

<p>REFERENCE 1</p> <p>I HEREBY CERTIFY THAT I HAVE KNOWN _____ FOR _____ YEARS AND KNOW HIM/HER TO BE HONEST, SOBER AND OF GOOD CHARACTER AND HABITS.</p> <p>SIGNATURE: _____ ADDRESS: _____ CITY: _____</p> <p>OCCUPATION: _____ TELEPHONE: _____</p>
<p>REFERENCE 2</p> <p>I HEREBY CERTIFY THAT I HAVE KNOWN _____ FOR _____ YEARS AND KNOW HIM/HER TO BE HONEST, SOBER AND OF GOOD CHARACTER AND HABITS.</p> <p>SIGNATURE: _____ ADDRESS: _____ CITY: _____</p> <p>OCCUPATION: _____ TELEPHONE: _____</p>
<p>REFERENCE 3</p> <p>I HEREBY CERTIFY THAT I HAVE KNOWN _____ FOR _____ YEARS AND KNOW HIM/HER TO BE HONEST, SOBER AND OF GOOD CHARACTER AND HABITS.</p> <p>SIGNATURE: _____ ADDRESS: _____ CITY: _____</p> <p>OCCUPATION: _____ TELEPHONE: _____</p>

BCI CHECK AND DRIVING RECORD REQUIREMENTS

OUT-OF-STATE APPLICANT

If you moved to Rhode Island and have lived in this state less than thirty (30) days, you are required to submit a **Driving Record and a Background Criminal Report (BCI report) from your previous state, where you had resided.**

If you moved to Rhode Island and have lived in this state more than thirty (30) days, but not more than five (5) years, in addition to the **Background Criminal Report (BCI report) and Driving Record from your previous state, you will also need a BCI from the State of Rhode Island.**

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, 150 South Main Street, Providence, RI 02903**

CERTIFICATION AND 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