



Application For School Bus Operator's Certificate

Applicant's Information (Complete All Fields)

LAST NAME:		FIRST NAME:		MIDDLE NAME:		SUFFIX:	
ANY FORMER NAME:					SOCIAL SECURITY NUMBER:		
RESIDENCE ADDRESS:				CITY/TOWN:		STATE:	ZIP:
PREVIOUS RESIDENCE ADDRESS: <small>(IF WITHIN THE PAST 10 YEARS)</small>				CITY/TOWN:		STATE:	ZIP:
For current and previous addresses, LOCAL BCI (Background Criminal Investigation) CHECKS must accompany this application.							
MAILING ADDRESS: <small>(IF DIFFERENT FROM RESIDENCE)</small>				CITY/TOWN:		STATE:	ZIP:
DATE OF BIRTH: <small>(MM/DD/YY)</small>		PLACE OF BIRTH: <small>(CITY/TOWN, STATE, PROVINCE OR COUNTRY)</small>				GENDER: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	
WEIGHT: _____ LBS	HEIGHT: _____ FT _____ IN	EYE COLOR: <small>(check one)</small> <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: <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		
RACE: <small>(check one)</small> <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER				OPERATOR'S LICENSE NUMBER:		NUMBER OF YEARS LICENSE HELD IN R.I.:	
SCHOOL BUS COMPANY NAME:					TERMINAL PHONE #:		
TERMINAL LOCATION ADDRESS:				CITY/TOWN:		STATE:	ZIP:
SUPERVISOR NAME: <small>(PLEASE PRINT)</small>				SUPERVISOR SIGNATURE:			

School Bus Operator's Certificate Questions

1. Have you held a license to operate a motor vehicle in any other state? YES NO

If yes, list the state, the license number and the number of years licensed in that state:

STATE	LICENSE NUMBER	NUMBER OF YEARS LICENSE WAS HELD

2. Have you ever been arrested any drug or alcohol-related offense? YES NO

3. Have you ever been convicted before any court for any offense? YES NO

If you answered YES to question 2 or 3 please explain in detail below:

Three References

Applicants for the School Bus Certification/Chauffeur license are required to have three (3) references, signed by responsible persons, attesting to the applicant's good character and habits. Persons attesting to the applicant's character are subject to penalties.

REFERENCE 1

I, the undersigned, have known _____ for _____ years and know him/her to be honest, sober and of good character and habits.

SIGNATURE:

TELEPHONE:

OCCUPATION:

RESIDENCE ADDRESS:

CITY/TOWN:

STATE:

ZIP:

REFERENCE 2

I, the undersigned, have known _____ for _____ years and know him/her to be honest, sober and of good character and habits.

SIGNATURE:

TELEPHONE:

OCCUPATION:

RESIDENCE ADDRESS:

CITY/TOWN:

STATE:

ZIP:

REFERENCE 3

I, the undersigned, have known _____ for _____ years and know him/her to be honest, sober and of good character and habits.

SIGNATURE:

TELEPHONE:

OCCUPATION:

RESIDENCE ADDRESS:

CITY/TOWN:

STATE:

ZIP:

Signature: Authorization For Release Of Information

As part of my application process, the Office of Motor Carriers/School Bus Safety will make inquiries to national, state and local law enforcement agencies to determine the fitness and competency of the applicant to operate a school bus.

I, _____, voluntarily consent to the release of any and all information on file with the above-stated agencies.

I declare under penalty of perjury that this application has been examined by me and to the best of my knowledge and belief is complete and statements made herein are true and correct.

APPLICANT'S SIGNATURE:

APPLICANT'S NAME PRINTED:

Subscribed and sworn to me this _____ day of _____, 20 _____.

NOTARY PUBLIC SIGNATURE:

NOTARY PUBLIC NAME PRINTED:

COMMISSION EXPIRATION DATE
(MANDATORY):