



ARIZONA DEPARTMENT OF PUBLIC SAFETY
STUDENT TRANSPORTATION

2102 West Encanto Boulevard
 PO Box 6638, Mail Drop 1250
 Phoenix, Arizona 85005-6638

Phone: (602) 223-2646

Fax: (602) 223-2923

Email: schoolbus@azdps.gov

Website: www.studenttransportation.azdps.gov

SCHOOL BUS DRIVER COVER SHEET FOR CERTIFIED DRIVERS / INSTRUCTORS

**To be completed in full and submitted by employer
 for ALL driver actions EXCEPT new drivers.**

Certified Driver Renewal CDL Reactivation
 (after medical suspension cleared by MVD)

Transfer _____ Rehire _____ Resigned / Terminated _____
 EFFECTIVE DATE EFFECTIVE DATE EFFECTIVE DATE

Replacement Certification Card Name Change Positive Lab Results

DRIVER INFORMATION

NAME (Print full name as it appears on driver's license)

CURRENT SCHOOL BUS DRIVER CERTIFICATION NUMBER (If Applicable)

Driver is a Certified Instructor (check if applicable) Instructor Certification #:

DISTRICT / EMPLOYER INFORMATION

DISTRICT / EMPLOYER NAME	DISTRICT / EMPLOYER NUMBER
--------------------------	----------------------------

TRANSPORTATION DEPARTMENT PHONE NUMBER	EXTENSION NUMBER
--	------------------

CONTACT PERSON NAME	CONTACT PERSON EMAIL
---------------------	----------------------

COUNTY