



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: azdps.gov/schoolbus

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) **Substitute Driver**
(Driver subbing for secondary employer)
- Transfer** _____ **Rehire** _____ **Resigned/Terminated** _____
EFFECTIVE DATE EFFECTIVE DATE EFFECTIVE DATE
- Replacement Certification Card** **Name Change**
(after name changed at MVD) **Positive Lab Results**
(Drug screen failed)

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