



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: [newdriver@azdps.gov](mailto:newdriver@azdps.gov)

Website: [www.studenttransportation.azdps.gov](http://www.studenttransportation.azdps.gov)

**NEW DRIVER CERTIFICATION COVER SHEET**

APPLICANT NAME Last		First	Middle Name
DISTRICT / EMPLOYER NAME			DISTRICT / EMPLOYER NUMBER
DISTRICT / EMPLOYER CONTACT PERSON		TRANSPORTATION DEPARTMENT PHONE NUMBER	EXTENSION
CONTACT PERSON EMAIL			

**This cover sheet must be completed and submitted with the following items:  
 SCAN AND EMAIL COMPLETED PACKET TO [newdriver@azdps.gov](mailto:newdriver@azdps.gov)  
**INCOMPLETE PACKETS WILL NOT BE PROCESSED****

- Application for School Bus Driver's Certificate\*
- Copy of Current Arizona DPS Fingerprint Clearance Card verified by Employer  
 \*\*Verified by employer both visually and at [http://webapps.azdps.gov/public\\_ing\\_acct/acct/ShowClearanceCardStatus.action](http://webapps.azdps.gov/public_ing_acct/acct/ShowClearanceCardStatus.action)

CLEARANCE CARD NUMBER	EXPIRATION DATE
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- Medical Examiner's Certificate
- Drug screen results: 5 Panel DOT Regulated Pre-employment (Lab results must be submitted, do not send Custody & Control form)
- Drug screen results: 9 Panel Non-Regulated Pre-employment (Lab results must be submitted, do not send Custody & Control form)
- Proof of Behind-the-Wheel Training and Road Test form\* (with minimum 20 hours of training)
- School Bus Driver Physical Performance Test form\* (PPT)
- First Aid Training (Driver Training Report - or - copy of front and back of card)
- CPR Training (Driver Training Report - or - copy of front and back of cards)
- Driver Training Report\* (with minimum 14 hours of new-driver classroom instruction)

**Certification of packet completeness and accuracy, by signing below, you are verifying all documents are complete and accurate and that you have verified the validity (both visually and online) of the applicant's DPS Fingerprint Clearance Card.**

EMPLOYER PRINTED NAME	EMPLOYER SIGNATURE
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All Items must be scanned and emailed as a single PDF document or they cannot be processed. Each applicant must be submitted in an individual email (no batching). Email messages and their scanned attachment must be titled in the subject line using last name of the applicant and the base name of the transportation provider, separated by a period. For example: Johnson.Oak Mountain.

\*Form found at <http://studenttransportation.azdps.gov/forms.html>

DATE NOTATIONS BY STUDENT TRANSPORTATION UNIT ONLY		
RECEIVED	COMPLETED	<input type="checkbox"/> Yes <input type="checkbox"/> No BACKGROUND ACCEPTABLE