



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](mailto:schoolbus@azdps.gov)  
 Website: [azdps.gov/schoolbus](http://azdps.gov/schoolbus)

## APPLICATION FOR QUALIFICATION AS SCHOOL BUS DRIVER INSTRUCTOR

**Application for Qualification as School Bus Driver Instructor form, Employer Letter of Recommendation and the graded test answer sheet results must be submitted together in one PDF document. Email to [schoolbus@azdps.gov](mailto:schoolbus@azdps.gov). An incomplete packet will delay the certification process.**

NAME - LAST		FIRST		MIDDLE	
STREET ADDRESS			CITY		ZIP
MAILING ADDRESS			CITY		ZIP
HOME PHONE	BIRTHDATE	DRIVER'S LICENSE NO.		SCHOOL BUS DRIVER CERTIFICATION NUMBER	
E-MAIL ADDRESS				SOCIAL SECURITY NUMBER	
DISTRICT / EMPLOYER NAME			DISTRICT / EMPLOYER NUMBER		PHONE NUMBER
DISTRICT / EMPLOYER ADDRESS <i>Street</i>			<i>City</i>		<i>State</i> <i>Zip Code</i>

Have you previously applied for qualification as a school bus driver instructor?  No  Yes date(s) \_\_\_\_\_

### DECLARATION: **PLEASE READ CAREFULLY**

I attest and swear that, all answers on this application are true. I understand that I may be subjected to criminal prosecution for falsification or misrepresentation of any part of any document provided to the Arizona Department of Public Safety in this application process. Falsification or misrepresentation is also grounds for disqualification as a school bus driver instructor

X  
 \_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE