



ARIZONA DEPARTMENT OF PUBLIC SAFETY
STUDENT TRANSPORTATION

2102 West Encanto Boulevard
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 Phoenix, Arizona 85005-6638

Phone: (602) 223-2646

Fax: (602) 223-2923

Email: schoolbus@azdps.gov

Website: www.studenttransportation.azdps.gov

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. 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			SOCIAL SECURITY NUMBER		
Have you previously applied for qualification as a school bus driver instructor? <input type="checkbox"/> No <input type="checkbox"/> Yes date(s) _____					
DISTRICT / EMPLOYER NAME			DISTRICT / EMPLOYER NUMBER		PHONE NUMBER
DISTRICT / EMPLOYER ADDRESS					

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