



**ARIZONA DEPARTMENT OF PUBLIC SAFETY
STUDENT TRANSPORTATION UNIT**

2102 W. Encanto Blvd
PO Box 6638 MD 1250
Phoenix, AZ 85005-6638

Phone: (602)223-2646
Fax: (602)223-2923
Email: schoolbus@azdps.gov

**SCHOOL BUS DRIVER COVER SHEET
for
CERTIFIED DRIVERS**

To be completed for ALL driver actions EXCEPT new drivers

This MUST be completed in full and submitted by employer. Please check one of the following:

- CERTIFIED DRIVER RENEWAL / REFRESHER**
- TRANSFER** (effective date) _____
- REHIRE** (effective date) _____
- CDL REACTIVATION** (after medical suspension)
- RESIGNED / TERMINATED** (effective date) _____

INSTRUCTOR? Check Box

DRIVER or APPLICANT NAME _____
Print full name as it appears on driver's license

CURRENT SCHOOL BUS DRIVER NUMBER _____ **(if available)**

INSTRUCTOR NUMBER _____
(if applicable)

DISTRICT/EMPLOYER _____

DISTRICT/EMPLOYER NUMBER _____

TRANSPORTATION DEPT. PHONE NO. _____

CONTACT PERSON _____

EMAIL _____

COUNTY _____

Website: <http://studenttransportation.azdps.gov/>