



ARIZONA DEPARTMENT OF PUBLIC SAFETY

STUDENT TRANSPORTATION

2222 West Encanto Boulevard
PO Box 6638, Mail Drop 3150
Phoenix, Arizona 85005-6638

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

SCHOOL BUS DRIVER ACTION REQUEST (DAR)

To be completed in full and submitted by employer
for ALL driver actions EXCEPT new drivers.

- Certified Driver Renewal
CDL Reactivation
Substitute Driver
Transfer
Rehire
Resigned/Terminated
Replacement Certification Card
Name Change
Positive Lab Results

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)
Driver will be operating a 925 (11-15 passenger) bus only

Instructor Certification #:

DISTRICT / EMPLOYER INFORMATION

Form with fields for DISTRICT / EMPLOYER NAME, DISTRICT / EMPLOYER NUMBER, TRANSPORTATION DEPARTMENT PHONE NUMBER, EXTENSION NUMBER, CONTACT PERSON NAME, CONTACT PERSON EMAIL, and COUNTY.