## ANZONA TOP PROPERTY OF THE PRO

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

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

o Boulevard Phone: (602) 223-2646
I Drop 3150 Fax: (602) 223-2923
85005-6638 Email: newdriver@azdps.gov
Website: https://www.azdps.gov/services/enforcement-services/student-transportation

## **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 fo	llowing	ı itame:
		PACKET TO <u>newdriver@a</u>		
		WILL NOT BE PROCESSE		
☐ Application for School Bus Driver's Cer	tificate*			
Copy of Current Arizona DPS Fingerpri		e Card verified by Employe	r	
Copy of Current Anzona DF3 Fingerpri	iii Ciearanc	e Card verified by Employe	i	
CLEARANCE CARD NUMBER EXPIRATION DA		E		
Medical Examiner's Certificate				
Drug screen results: 5 Panel DOT Reg Custody & Control form)	julated Pre-	employment <i>(Lab results mus</i>	t be subn	nitted, <u>do not</u> send
Drug screen results: 9 Panel Non-Reg & Control form)	ulated Pre-e	employment (Lab results must	be submi	tted, <u>do not</u> send Custody
☐ Proof of Behind-the-Wheel Training and	d Road Test	form* (with minimum 20 hours	of trainin	g)
☐ School Bus Driver Physical Performand	ce Test form	* (PPT)		
First Aid Training (Driver Training Report - o	o <u>r</u> - copy of fror	t and back of card)		
CPR Training (Driver Training Report - or - c	opy of front an	d back of cards)		
☐ Driver Training Report* (with minimum 14 i				
39-Month Motor Vehicle Report (dated w		•		
		•		
Certification of packet completeness				
documents are complete and ac		_		lidity (both
visually and online) of the applic	ant's DPS	Fingerprint Clearance	Card.	
<u>EMPLOYER</u> PRINTED NAME		EMPLOYE	ER SIGNAT	URE
All Items must be scanned and emailed as				
applicant <u>must</u> be submitted in an individu	`	Ο,		
attachment <u>must</u> be titled in the subject lin transportation provider, separated by a pe				e name of the
		•		
* Form found at https://www.azd				sportation
DATE NOTATIONS	RA SLADEV	T TRANSPORTATION UNIT	ONLY	
BECEIVED.		001	MDI ETED	