

ARIZONA DEPARTMENT OF PUBLIC SAFETY **STUDENT TRANSPORTATION**

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

a 85005-6638 Email: newdriver@azdps.gov Website: https://www.azdps.gov/services/enforcement-services/student-transportation

Phone: (602) 223-2646 Fax: (602) 223-2923

APPLICATION FOR SCHOOL BUS DRIVER'S CERTIFICATE

NOTE: PLEASE PRINT LEGIBLY IN INK, OR COMPLETE THIS FORM ELECTRONICALLY.

NAME Last First		Middle			BIRTHDATE		
STREET ADDRESS			CITY		STATE	ZIP CODE	
				1			
PHONE NUMBER (with Area Code)		SOCIAL SECURITY NUMBER		AZ DRIVER LICEI	NSE NUME	BER	
EMAIL ADDRESS							
YES NO	Have you previous	ly applied for a scho	ool bus driver o	certificate?			
	If Yes, date and em	f Yes, date and employer					
School bus driver certificate number							
	Will you be driving	Vill you be driving a 925 (11-15 passenger) bus only?					
Preceding th	ne date of this appli	cation, have you:					
<u> </u>	Within the last two (2) years, accumulated eight (8) or more points against your driving record?						
□ □ 4.		Within the last ten (10) years, repeatedly received citations for violation of traffic laws with or without points assessed?					
I attest and so to criminal pro the Arizona D	ON (Please Read Content of the content of the content of the content of Public of the content of Public of the content of the	s on this application ation or misrepreser Safety in this applic	ntation of any p cation process.	oart of any o Falsificati	docum on or	ent provided to	
APPLICANT'S SIGN	NATURE			D	ATE		
X							
DISTRICT / EMPLC	YER NAME			D	ISTRICT	/ EMPLOYER #	
	I Bus Driver Certificate can Driver Certification Cover She		PS Student Transpo Proof of Behind-the V	·			
2) This completed	Application for School Bus Driv	ver's Certificate 8)	School Bus Driver Ph	nysical Performar	ice Test		
3) Copy of your current Arizona DPS Fingerprint Clearance Card 9) First Aid Training (Driver Training Report - or - copy of front and back of						ont and back of card)	
4) Medical Examiner's Certificate 10) CPR Training (Driver Training Report					copy of front	and back of card)	
5) 5-Panel DOT Re	egulated Pre-employment Drug	Screen Results 11)	Driver Training Repo	ort (14 hours min	imum)		
6) 9 Panel Non-Regulated Annual Drug Screen Results 12) A 39 month Motor Vehicle Repidated within 5 business days of submission					r the drive	er	