



ARIZONA DEPARTMENT OF PUBLIC SAFETY  
**STUDENT TRANSPORTATION**

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 Phoenix, Arizona 85005-6638

Phone: (602) 223-2646  
 Fax: (602) 223-2923  
 Email: [schoolbus@azdps.gov](mailto:schoolbus@azdps.gov)  
 Website: <https://www.azdps.gov/services/enforcement-services/student-transportation>

## 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](mailto: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		
E-MAIL ADDRESS			SOCIAL SECURITY NUMBER		
DISTRICT / EMPLOYER NAME		DISTRICT / EMPLOYER NUMBER		PHONE NUMBER	
DISTRICT / EMPLOYER ADDRESS <i>Street</i>		<i>City</i>		<i>State Zip Code</i>	

Have you previously applied for qualification as a school bus driver instructor?  No  Yes date(s) \_\_\_\_\_

### 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