



ARIZONA DEPARTMENT OF PUBLIC SAFETY

STUDENT TRANSPORTATION

2222 West Encanto Boulevard
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Phoenix, Arizona 85005-6638

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

SCHOOL BUS DRIVER COVER SHEET FOR CERTIFIED DRIVERS / INSTRUCTORS

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

<input type="checkbox"/> Certified Driver Renewal	<input type="checkbox"/> CDL Reactivation <small>(after medical suspension cleared by MVD)</small>	<input type="checkbox"/> Substitute Driver <small>(Driver subbing for secondary employer)</small>
<input type="checkbox"/> Transfer _____ <small>EFFECTIVE DATE</small>	<input type="checkbox"/> Rehire _____ <small>EFFECTIVE DATE</small>	<input type="checkbox"/> Resigned/Terminated _____ <small>EFFECTIVE DATE</small>
<input type="checkbox"/> Replacement Certification Card	<input type="checkbox"/> Name Change <small>(after name changed at MVD)</small>	<input type="checkbox"/> Positive Lab Results <small>(Drug screen failed)</small>

DRIVER INFORMATION

NAME *(Print full name as it appears on driver's license)*

CURRENT SCHOOL BUS DRIVER CERTIFICATION NUMBER (If Applicable)

<input type="checkbox"/> Driver is a Certified Instructor <small>(check if applicable)</small>	Instructor Certification #:
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DISTRICT / EMPLOYER INFORMATION

DISTRICT / EMPLOYER NAME	DISTRICT / EMPLOYER NUMBER
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TRANSPORTATION DEPARTMENT PHONE NUMBER	EXTENSION NUMBER
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CONTACT PERSON NAME	CONTACT PERSON EMAIL
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COUNTY