



ARIZONA DEPARTMENT OF PUBLIC SAFETY
APPLICATION FOR QUALIFICATION AS
SCHOOL BUS DRIVER INSTRUCTOR

STUDENT TRANSPORTATION
ARIZONA DEPARTMENT OF PUBLIC SAFETY
MAIL DROP NO. 1250 • P.O. BOX 6638
PHOENIX, ARIZONA 85005-6638
PHONE: 602-223-2646 FAX: 602-223-2923

This form, accompanied by a letter of recommendation from the current employer and written test results must be on file at DPS STUDENT TRANSPORTATION before qualification as a school bus driver instructor.

● Please complete this form in **INK ONLY**.

Name - Last: _____ First: _____ Middle: _____

Street Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Home phone: _____ Birthdate (MM/DD/YY): _____ Driver's License No: _____

School Bus Driver Certification No: _____ Social Security No: _____

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

DISTRICT/EMPLOYER NAME, ADDRESS, and PHONE NUMBER: _____

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.

DATE: _____ SIGNATURE: _____