



Application for School Bus Driver Instructor Certificate

Save time, go to mass.gov/RMV to apply online!
Registry of Motor Vehicles • Vehicle Safety & Compliance Services
P.O. Box 55892 • Boston MA 02205-5892

A. Service Type

Fee – \$25 ☐ Initial ☐ Renewal

B. Applicant Information (please print legibly)

Last Name				First Name				Middle Name				Suffix			
Date of Birth (MM/DD/YYYY) / /				Email 						Phone # 					
Address															
Street				Apt. #		City				State		Zip Code			
License #				State		Expiration Date (MM/DD/YYYY) / /				Social Security # - -				Class of License	
Yrs. of Experience		Current Employer								Employer Phone # 					

Have you ever been charged with or convicted of any crime, including motor vehicle violations? ☐ Yes ☐ No

If yes, give details: _____

Are you currently or have you ever been employed by MassDOT? ☐ Yes ☐ No

Do you have any immediate family employed with MassDOT? ☐ Yes ☐ No

C. To Be Submitted with This Application

- ✓ If you hold an out-of-state license, you must submit a photo copy of your current license, a certified copy of your driving record (cannot be more than 30 days old), and a criminal record history.
- ✓ A photocopy of your current School Bus Certificate issued by the DPU.

Initial Applicants Only

- ✓ Certification of successful completion of the School Bus Instructor's Course as prescribed by the Registrar.
- ✓ Have you held a School Bus Operator's License for at least two (2) years as required by: **CMR 540 8.01**? ☐ Yes ☐ No
If yes, you must submit such proof with this application.

D. Certification and Signature of Applicant (application not complete without signature)

I swear (affirm), under the penalties of perjury, that the information I have provided is true and correct. **I am aware that false statements are punishable by fine, imprisonment, or both under M.G.L. Chapter 90, Section 24B.**

☐ I have attended a required training program within the last four years (**540 CMR 8.02(4)**).

Date of Training (MM/DD/YYYY) - -	Location of Training Program
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Applicant's Signature: _____ Date: _____

For RMV Use Only

Issued: _____ Date: _____