

TO BE USED ONLY AS A RENEWAL APPLICATION FOR CERTIFICATE TO DRIVE MOTOR BUS/SCHOOL BUS

DEPARTMENT OF PUBLIC UTILITIES - TRANSPORTATION OVERSIGHT DIVISION
ONE SOUTH STATION, BOSTON, MA 02110

FOR DEPARTMENT USE ONLY - DO NOT MARK IN THIS BLOCK

DATE APPLICATION RECEIVED _____

AMOUNT PAID _____

PHYSICAL FORM CLEARED YES [] NO []

CORI CLEARED YES [] NO [] DATE _____

DRIVING RECORD CLEARED YES [] NO [] DATE _____

DROP RESTRICTION YES [] NO []

ADD RESTRICTION YES [] NO []

CLERK'S SIGNATURE _____

DUPLICATE CERTIFICATE ISSUED YES [] NO [] DATE _____

Check one and enclose proper fee (check or money order)

- Duplicate Certificate - \$20.00 Fee
- Motor Bus/School Bus Certificate*
for one(1) year - \$40.00 Fee
- Driver - 70 years of age or older
Certificate for six(6) months - \$20.00 Fee
- Add School Bus to Certificate* - \$20.00 Fee
- Drop School Bus from Certificate - \$20.00 Fee
- Air Brakes - Road Test Only - \$20.00 Fee

Each question **MUST BE ANSWERED** in Ink or Typed

1. LICENSE NO. _____

2. NAME: _____

_____ MAIDEN NAME OR ALIAS [IF APPLICABLE]

3. ADDRESS: _____

Street and Number

City/Town _____ State _____ Zip _____

4. DATE OF BIRTH ___/___/___ AGE ___

5. TELEPHONE NUMBER _____

6. STATE CLASSIFICATION OF LICENSE ISSUED BY THE

REGISTRAR OF MOTOR VEHICLES: A [] B [] C [] D []

7. HAVE YOU HELD A DRIVER'S LICENSE FOR 3 CONSECUTIVE YEARS? YES [] NO []

8. ARE YOU A MASSACHUSETTS RESIDENT? YES [] NO [] HOW LONG: _____

9. HAS YOUR RIGHT TO OPERATE OR HAS YOUR LICENSE BEEN SUSPENDED OR REVOKED IN MASSACHUSETTS DURING THE PAST 5 YEARS? _____ IF SO, GIVE DETAILS ON AN ATTACHED SHEET.

10. GIVE NAME AND TELEPHONE # OF EMPLOYER: _____

11. CHECK ANY AND ALL RESTRICTIONS

- CORRECTIVE LENSES
- CORRECTIVE HEARING APPLIANCE
- RESTRICTED TO DRIVING VEHICLES THAT CARRY 14 PASSENGERS OR LESS
- DPU SPECIFIC RESTRICTIONS

Original FDOT Medical Form of Physical Examination must be returned with this Application.

THIS STATEMENT IS MADE UNDER THE PENALTIES OF PERJURY, I the undersigned, hereby apply for a certificate to drive motor buses and state that the statements herein made are true to the best of my knowledge and belief.

Department of Public Utilities (DPU) has been certified by the Criminal History Systems Board for access to criminal case data. As an applicant/employee for the position of school bus driver, I understand that a criminal record check will be conducted for criminal case information only and that it will not necessarily disqualify me. The information above is correct to the best of my knowledge.

Signature of Applicant

Date

*For qualification as a school bus driver, instructor must fill out this section. This is to certify that the applicant herein named has been trained by me in accordance with the requirements of M.G.L. c. 90 § 8A.

Print: _____ Signature: _____ License # _____ Date: _____

Name of Qualified School Bus Driver Instructor

Signature of Instructor

Phone: _____