

Application for Oklahoma State Department of Education (SDE) School Bus Driver Certificate
The State Board of Education requires this certification for school bus drivers employed by K-12th grade schools.
HEADSTART DRIVER FORM

This form is for drivers who are employed by Head-Starts that are not accredited by the SDE

Oklahoma State Department of Education - 2500 North Lincoln Boulevard - Oklahoma City, Oklahoma 73105-4599
Student Transportation Section (405) 521-3472 <http://ok.gov/student-transportation>

Employing School Location: County Name _____ **District Name** _____

ALL INFORMATION IS REQUIRED. Print clearly as the information on this form will be used to print the approved "Pink" Certificate.

Applicant must complete this section. Is the applicant a United States citizen or legally authorized to work in the U.S.? ____ Yes / No ____

Last Name _____ First _____ Middle _____ Birth Date _____

Residence Address _____ City _____ State _____ Zip _____

Supervisor's name (Should be same person that signs the bottom of this form) _____

Employer's Address _____ City _____ State _____ Zip _____

Social Security Number _____ Female ____ Male ____ CDL: Class A ____ / B ____ / C ____ Endorsements P ____ / S ____

Commercial Driver License (CDL) Number _____ State _____ Expiration Date _____

"I hereby swear that I have not been convicted of a felony in the past ten (10) years, and I understand that any false statements regarding this matter can result in possible criminal charges, immediate job termination, and the revocation of my school bus driver certificate. In addition, I hereby affirm that the information I have provided on this form is true and correct." (47 O.S. § 15-109)

Signature of Applicant _____ Date _____

An SDE certified **School Bus Driver Instructor** must complete this section only for first time applicants completing their Oklahoma School Bus Driver Course. If this is for an **ONLINE Course**, you **must** include the company's **Certificate of Completion** with this form.

Name of Instructor (PRINT) _____ Phone Number of Instructor _____

Instructor Certificate # _____ Instructor Email Address _____

Classroom Training Dates _____ Year _____ Location _____

(Regular Classroom Instruction)

Online Internet Course Completion Date _____ Course taken through ____ OAPT, ____ Tech Center *(Which One?)* _____

If an Online Course, provide On-the-Road Training Dates: _____ Total Driving Time / Hours: _____

Signature of Instructor (Classroom or Online Course) _____ Date _____

"I hereby certify the above training information is true and correct for this applicant." (47 O.S. § 15-109)

Employing School District Administrator must complete the section below. Select only **one** option for type of certificate being requested:

____ **Emergency Certificate** (Temporary): Requires a Commercial Driver License Class A, B or C with P and S endorsements; can only be issued for the current school year and is not renewable. Applicant must meet all applicable state requirements except completion of Oklahoma School Bus Driver Course.

____ **Standard Certificate** (5 year): Requires a CDL Class A, B or C with P and S endorsements; completion of the Oklahoma School Bus Driver Course as verified by an Instructor on this form; and must meet all other applicable state requirements.

____ **"Renewal" of an Oklahoma Standard Certificate:** Requires minimum of 4 hours of annual in-service per year as verified below.

Yes ____ or **No** ____ A. Has applicant's School Bus Driver Certification been expired for more than one year? OAC 210:30-5-8

Yes ____ or **No** ____ B. Has this applicant completed 4 hours of school bus driver in-service per year from subjects **approved** by the SDE?

Yes ____ or **No** ____ C. Is this applicant's documentation for in-service attendance on file with this employing school district?

By signature below, the employing school district administrator verifies that this applicant:

1. Has a current *Driving Record Report* on file that meets all State Board of Education regulations.
In the past three (3) years, has no driving under the influence (DUI) conviction and not more than three (3) traffic violations.
2. Has not been convicted of a felony in the past ten (10) years and verification report is on file with the employer.
3. Has either a current **annual** SDE Health Certificate, or a **biannual** Department of Transportation "DOT Physical" on file.
4. Has completed drug and alcohol testing in compliance with CFR 49 part 40.

"I hereby certify the above information is true and documentation is available at the employing school district." (47 O.S. § 15-109)

Signature of Head Start Administrator _____ Title _____ Date _____

Email Address of Transportation Supervisor _____

Head St. Employer's Phone No. (_____) _____ County _____

Please submit this completed application form to the Oklahoma State Department of Education. Keep a copy of this application on file for at your school for your records, Regional Accreditation Officer and/or Audit Visits. This form updated JAN 2014.