

DEPARTMENT OF TELECOMMUNICATIONS AND ENERGY – TRANSPORTATION DIVISION
ONE SOUTH STATION, BOSTON, MA 02110

APPLICATION FOR CERTIFICATE TO DRIVE MOTOR BUS

<p>Check one and enclose proper fee (check or money order)</p> <p><input type="checkbox"/> New Motor Bus Driver Certificate - \$50.00 Fee <input type="checkbox"/> New Motor Bus Driver Certificate - \$40.00 Fee Applies only when Driver has current CDL with Passenger Endorsement – No Road Test will be required <input type="checkbox"/> New Motor Bus/School Bus Certificate for one (1) year - \$30.00 Fee <input type="checkbox"/> New Driver – 70 years of age or older Certificate for six (6) months - \$20.00 Fee</p> <p>Each question MUST BE ANSWERED in ink or Typed</p> <ol style="list-style-type: none">LICENSE NO. _____NAME: _____ MAIDEN OR ALIAS (IF APPLICABLE)ADDRESS: _____DATE OF BIRTH ___/___/___ AGE _____TELEPHONE NUMBER _____STATE CLASSIFICATION OF LICENSE ISSUED BY THE REGISTRAR OF MOTOR VEHICLES: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>LEARNER'S PERMIT NO. _____HAVE YOU HELD A DRIVER'S LICENSE FOR 3 CONTINUOUS YEARS IMMEDIATELY PRIOR TO THIS APPLICATION? YES <input type="checkbox"/> NO <input type="checkbox"/>ARE YOU A MASSACHUSETTS RESIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> HOW LONG: _____	<p>10. 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.</p> <p>11. GIVE NAME AND TELEPHONE NUMBER OF EMPLOYER _____</p> <p>12. CHECK ANY AND ALL RESTRICTIONS <input type="checkbox"/> CORRECTIVE LENSES <input type="checkbox"/> CORRECTIVE HEARING APPLIANCE <input type="checkbox"/> RESTRICTED TO DRIVING VEHICLES THAT CARRY 14 PASSENGERS OR LESS <input type="checkbox"/> DTE SPECIFIC RESTRICTIONS</p> <p>Original FDOT Medical Form of Physical Examination must be returned with this Application.</p> <p>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.</p> <p>Department of Telecommunications & Energy (DTE) has been certified by the Criminal History Systems Board for access to conviction and pending 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 conviction and pending criminal case information only and that it will not necessarily disqualify me. The information above is correct to the best of my knowledge.</p> <p>_____ Signature of Applicant Date</p>
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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 _____

FOR DEPARTMENT USE ONLY – DO NOT MARK BELOW THIS LINE

DATE APPLICATION RECEIVED _____
PHYSICAL FORM CLEARED YES NO
CORI CLEARED YES NO
DRIVING RECORD CLEARED YES NO DATE _____

