



Driver Application for Annual Type III School Bus Certification

I, (Applicant name - ***please print clearly***) _____ am applying for approval to become a certified Type III School Bus Driver for ISD 271. This certification will be valid for one year from date of certification. I understand that I will be subject to the full extent MN Statutes 171.02 Subd. 2b. Requirements of this certification may include, but are not limited to the following.

- Criminal background check
- Annual driver's license check
- Annual training
- Post-accident and/or Reasonable Suspicion Drug and Alcohol Testing

Furthermore, every driver whose certification is current is required to disclose to the employer in writing and within ten days any conviction of alcohol-related offences, disqualifying offences, or moving violations.

Part A – To be filled out completely by the APPLICANT

Check one: New Certification <input type="checkbox"/> Renewing Certification <input type="checkbox"/>		School Name _____	
Applicant Signature _____		Date _____	Phone _____
Applicant Address _____		City _____	State ____ Zip _____
Driver's License Number _____		State Issued _____	

Part B – To be filled out completely by PERSON AUTHORIZING THE CERTIFICATION

Name (please print) _____	Phone _____
Approval Signature _____	Date ____/____/____
Budget code for certification _____	
Primary Key Keeper this driver will be working with. Name (please print) _____	
If known, what van number(s) will the applicant be primarily driving? _____	

For Office Use - Certification Checklist

Staff Initial	Date	
		Background Check is on file and OK
		MVR check completed
		"OK to Train" Email to applicant/admin/key holder/trainer
		Classroom & BTW training date confirmation received
		Update Database