



District Transportation Information Form

Please complete the following information and submit a copy of this form to the bus driver instructor 72 hours prior to the scheduled certification of new bus drivers.

District Name: _____

Transportation Director: _____

Transportation Director Email Address: _____

Transportation Director Contact Number: _____

Name of Insurance Carrier: _____

Insurance Policy Number: _____

Effective Date of Insurance Policy: _____

Expiration Date of Insurance Policy: _____

Make of Bus Used for 3rd Party Testing: _____

Model of Bus Used for 3rd Party Testing: _____

Gross Vehicle Weight Rating (GVWR) of Bus Used for 3rd Party Testing: _____

Seating Capacity of Bus Used for 3rd Party Testing: _____

Class Bus Used for 3rd Party Testing (B or C): _____

Airbrakes on Bus Used for 3rd Party Testing? (Yes or No): _____

Vehicle Identification Number (VIN) of Bus Used for 3rd Party Testing: _____

Bus Number Used for 3rd Party Testing: _____

Tag Number of Bus Used for 3rd Party Testing: _____