



Participant Information Form

Please verify and complete the following information for each participant and submit a copy of this form to the bus driver instructor 72 hours prior to the scheduled certification of new bus drivers. A copy of the participant's Commercial Driver's License (CDL), if applicable, must be attached to this form. If the participant does not possess a valid CDL license, please attach a copy of the participant's valid driver's license and permit to this form.

Participant's Name: _____

Date of Birth: _____

Commercial Driver License (CDL) Number, if applicable: _____

CDL License Expiration Date, if applicable: _____

Driver's License Number (if no CDL): _____

Driver's License Expiration Date (if no CDL): _____

Permit Number (if no CDL): _____

Issue Date of Permit (if no CDL): _____

Expiration Date of Permit (if no CDL): _____