

**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.

Oklahoma State Department of Education - 2500 North Lincoln Boulevard - Oklahoma City, Oklahoma 73105-4599  
Student Transportation Section (405) 521-3472 <http://sde.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 \_\_\_\_\_

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. Please **include** copy of the Commercial Driver's license (CDL) for emergency certificates.

\_\_\_\_ **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?

**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 School Administrator Employer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Email Address of Transportation Supervisor \_\_\_\_\_

School Employer's Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_ County No. \_\_\_\_\_ School District No. \_\_\_\_\_

**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 April 2013.**