

**APPLICATION FOR RECERTIFICATION
OF SCHOOL BUS DRIVER TRAINING
INSTRUCTOR**

R-391 Rev. 5-2014

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DRIVER EDUCATION UNIT



Full name of applicant (Last, First, MI)		Employer	
Home Address		Address	
City, State, Zip		City, State, Zip	
Daytime Phone	E-mail	Phone	Fax
Choose <input type="checkbox"/> Session 1 or <input type="checkbox"/> Session 2 <input type="checkbox"/> Either Session		Instructor Number	
Connecticut Operator's License Number:		Date of Birth:	
Classifications and Public Transportation Endorsements: (Circle all applicable)	Class: A B C D	Place of Birth: (City & State)	
	Endorsements: A V S P F	Number of Years Licensed:	
Restrictions: L K B M N	High School Education: (School Name and year of Graduation)		
Number of Years School Bus Driver:			
Have you ever been refused a driver's license by any state? If so, explain.			
Has your license or registration ever been revoked or suspended in any state? If so, explain.			
Have you ever been convicted or fined for a motor vehicle violation other than parking? (if yes, give dates and offenses).			
Have you ever been convicted of a crime? Give dates and offenses.			
Have you trained drivers during your current certification year? Number of drivers trained:			
Total Number of Pre-Service Classes you conducted during the current certification year: Total number of in-service classes: Total number of driver evaluations: (Attach R360)			

Certification: I certify under penalty of false statement (CGS §14-110 ref. 53a-157b) that the above information is true and accurate on the date of this application.

Applicant's Signature

Date

Send Completed Applications and Attachments to:

DMV - Driver Education Unit, 60 State Street, Wethersfield, CT 06161

FOR DMV USE ONLY Approval granted _____ Date _____ Signed _____