



**STATE OF VERMONT**  
**DEPARTMENT OF MOTOR VEHICLES**  
**AGENCY OF TRANSPORTATION**  
 120 State Street  
 Montpelier, VT 05603-0001



**APPLICATION FOR SCHOOL BUS DRIVER ENDORSEMENT**

<b>Application for (check one):</b>	<input type="checkbox"/> Type I School Bus (CDL required)	<input type="checkbox"/> Change to Type I (CDL required)
	<input type="checkbox"/> Type II School Bus	<input type="checkbox"/> Change to Type II
<b>Type of Application:</b>	<input type="checkbox"/> New (1st Endorsement)	<input type="checkbox"/> Recertification

**Please Print**

**Name:**

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle

If name has changed since last DMV transaction, indicate prior name here: \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_ Street/Box Number  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**Physical Address:**

\_\_\_\_\_

**Driver License:**

\_\_\_\_\_ State/Province \_\_\_\_\_ Number \_\_\_\_\_ License Type

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Place of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_ Hgt. \_\_\_\_\_ ft. \_\_\_\_\_ in. Wgt. \_\_\_\_\_ Eye Color \_\_\_\_\_

**DMV USE ONLY:**  231  232  233  234

**The following questions must be completed along with the back of this form:**

1. Have you ever been convicted of a violation of the motor vehicle laws, other than parking, in this or any other state/province?  
 \_\_\_\_\_ Yes (explain on reverse side) \_\_\_\_\_ No
2. Have you, as a driver, ever been involved in a reportable motor vehicle accident in this or any other state/province?  
 \_\_\_\_\_ Yes (explain on reverse side) \_\_\_\_\_ No
3. Have you any physical or mental disability other than properly corrected eyesight?  
 \_\_\_\_\_ Yes (explain on reverse side) \_\_\_\_\_ No
4. Has your driver's license ever been suspended or revoked in this or any other state/province?  
 \_\_\_\_\_ Yes (explain on reverse side) \_\_\_\_\_ No
5. Are you in good standing with respect to any unpaid judgment issued by the Judicial Bureau or District Court for fines and penalties for a violation or criminal offense? \_\_\_\_\_ Yes \_\_\_\_\_ No (explain on reverse side)
6. Are you in good standing with respect to or in full compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due the State of Vermont as of the date of this application? \_\_\_\_\_ Yes \_\_\_\_\_ No (if No, see instructions on reverse side).
7. Are you in good standing with respect to, or in full compliance with a plan to pay any and all child support payable under a support order as of the date this application is filed? \_\_\_\_\_ Yes \_\_\_\_\_ No (if No, see instructions on reverse side),

**I certify that the statements herein are true. This declaration is made under penalties of 23 V.S.A. §201, 202, 203, & 4110.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**FOLLOWING FOR DEPARTMENT USE ONLY**

VT PID # \_\_\_\_\_ Date Written Test Passed: \_\_\_\_\_ Date Road Test Passed: \_\_\_\_\_  
 Exam Vision: Pass \_\_\_\_\_ Fail \_\_\_\_\_ Written Test \_\_\_\_\_ % Clinic Card Certification \_\_\_\_\_ Clinic Completion Date: \_\_\_\_\_  
 Results: Corrective Lenses Required: \_\_\_\_\_ Yes \_\_\_\_\_ No Road Test: \_\_\_\_\_ Demerits \_\_\_\_\_  
 Enter passing scores and attach all failed tests.  
 Waiver granted: \_\_\_\_\_ Yes \_\_\_\_\_ No Reason: \_\_\_\_\_  
 Any Required Restrictions: \_\_\_\_\_  
 Date Passed: \_\_\_\_\_ Signature of Examiner: \_\_\_\_\_

If you answered **YES** to Questions 1 through 4 on the reverse side, please provide details in the appropriate section below:

**1. Conviction of Violation of Motor Vehicle Laws:**

<u>Date of Conviction</u>	<u>State or Province</u>	<u>Offense</u>

**2. Motor Vehicle Accidents:**

<u>Date of Accident</u>	<u>State or Province</u>	<u>Type of Accident</u> (other vehicle, pedestrian, etc.)

**3. Physical or Mental Disability:** (Other than properly corrected eyesight)

**4. Driver's License Suspension:**

<u>Date of Suspension</u>	<u>State or Province</u>	<u>Reinstated (Yes or No)</u>

5. If you answered **NO** to Question 5, a school bus endorsement cannot be issued. Please direct any questions to the Judicial Bureau at (802) 295-8869 or the District Court.
6. If you answered **NO** to Question 6, you must do one of the following before a school bus endorsement may be issued to you:
  - (a) Arrange with the VT Department of Taxes to bring yourself into good standing with the Commissioner of Taxes by contacting the Director of Operations, VT Department of Taxes, Montpelier, VT 05602. Telephone (802) 828-2581.
  - (b) Seek a determination, through a hearing process, that immediate payment of taxes due and payable would impose upon you an unreasonable hardship. You may request a hearing by contacting the Hearing Unit, VT Agency of Transportation, 133 State Street, Montpelier, VT 05602. Telephone (802) 828-2016.
7. If you answered **NO** to Question 7, a school bus endorsement cannot be issued. Please direct any questions to the Office of Child Support at (802) 241-2910.