

# 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 complete your online Certification.**

**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 \_\_\_\_\_

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 \_\_\_\_\_ (Please attach Certificate of Completion)

If an Online Course, provide On-the-Road Training Dates: \_\_\_\_\_ Total Driving Time / Hours: \_\_\_\_\_

Signature of Instructor \_\_\_\_\_ 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.

**The school district must also ensure the following:**

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.

**Please submit this completed application form to the school district. The district should keep this document on file as well as enter this driver in the online Bus Driver Certification Program.**