



**Bus Driver Information Form**  
*Must be completed by each bus driver*

Name of Bus Driver:	Birthdate:
Address:	
City/State/Zip:	
Phone: (    )	Cell Phone: (    )
Primary Email:	Secondary Email:
Driver's License Number:	State Issuing:
CDL Class: A _____, B _____, C _____	Expiration Date:
Endorsements: P _____, S _____	
Bus Driver Certification Date:	Expiration Date:
Date of DOT Physical:	
License and/or Health Restrictions: (Please list)	
_____	
_____	
_____	
_____	
Signature of Driver	Date

*Site Transportation Facilitator(STF):*

*The above information is considered sensitive and should be securely stored, accessible only to authorized personnel. Please forward a copy to the DOV, Office of Safe Environment.*