

CALIFORNIA DEPARTMENT OF EDUCATION

OFFICE OF SCHOOL TRANSPORTATION

825 Riverside Pkwy., Ste. 110 West Sacramento, CA 95605 Phone: 916-375-7100

Website: http://www.cde.ca.gov/ls/tn

BUS DRIVER INSTRUCTOR REFRESHER COURSE APPLICATION

Instructions

Please print or type all requested information. Completed application with the course fee must be mailed to the above address. Applications without payment will not be accepted.

not be accepted.	
Section 1 – Applicant Information (from Cor	nmercial Drivers License)
Name (Last):	Name (First):
Home Mailing Address:	City:
State and Zip Code:	County:
Personal Phone:	Personal E-mail Address:
Section 2 - Commercial Drivers License	
Driver License Number:	Class:
Endorsement(s) Example (PS):	Restriction(s) Example (29, M etc.):
Section 3 - Employer Information	u ana an Indonesiadant
Independent Instructor: Check box if you Instructor (If checked, leave Employer	
Primary Employer:	Work Phone:
Work Mailing Address:	City:
State and Zip Code:	County:
Work Email:	

Section 4 – CDE Instructor Certificate (I.D Card) Information Please select the area in which you are certified: Check One: Farm Labor School Bus SPAB Transit Instructional Limitations: **Equipment Limitations:** Issue Date: Instructor ID: Section 5 - Required Attachments List Copy of current CDE Training Certificate Form T-01 Copy of Commercial Driver License Copy of California Special Driver Certificate Copy of Medical Examiner's Certificate Copy of First Aid Certificate (if applicable) Section 6 – Certification Course Selected/Fee, Cancellation Policy and Signature **Course Fee (Must be sent in with Application)** \$500.00 (Check/Money Order payable to the California Department of Education) Travel, lodging, and meals are the responsibility of the applicant. Please make check or money order payable to: California Department of Education. No cash or credit card payments will be accepted for payment of course fee. Course Selected (Please list the date of the Refresher Course you are applying for) Date **Cancellation Policy** Cancellations 90 days or more prior to the course are eligible for a 100% refund of the course

Cancellations 90 days or more prior to the course are eligible for a 100% refund of the course fee. Cancellations less than 90 days but more than 30 days prior to the course are eligible for a 50% refund, and cancellations 30 days or less prior to the course are ineligible for a refund.

Signature

Applicant Signature:	Print name:	Date:
----------------------	-------------	-------

NOTE: Signature certifies that the information provided in this application by the applicant is true and that the applicant has not knowingly made a false statement. Signature also validates that the applicant has read and accepted all terms and conditions in regards to OST's cancellation policy.