



Saint Mary's County Government, DPW&IT
Non-Public School Bus Division
 44829 St. Andrews Church Rd / P.O. Box 409
 California, MD 20619

Substitute Driver Information Form

BUS NUMBER: _____

Date received by Transportation Office: _____

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ P.O. BOX City State ZIP Code

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Social Security #: _____ Date of Birth: _____

Employer Information (if different from above)

Contractor Name: _____

Home Phone: () _____ Cell Phone: () _____

Driver Information / History

License Number: _____

Issue Date: _____ Expiration Date: _____

Airbrakes: YES NO Years of experience driving school buses: _____

TIER: I (<10 yrs.) II (10-19 yrs.) III (20+ yrs.)

The following attachments must be sent in with this form

- CURRENT DOT PHYSICAL EXAMINATION
- DRIVING RECORD RELEASE FORM
- DRIVER'S LICENSE
- CRIMINAL BACKGROUND CHECK
- CRIMINAL BACKGROUND CHECK RELEASE FORM
- COMMERCIAL DRIVER QUESTIONNAIRE #10 *
- COMPLETED DRUG/ALCOHOL RESULTS
- WRITTEN CONSENT TO HIRE FROM CONTRACTOR
- PREVIOUS DRUG & ALCOHOL POOL RELEASE FORM
- DOCUMENTATION SHOWING NUMBER OF YEARS INDIVIDUAL HAS DRIVEN A SCHOOL BUS

CERTIFICATION HISTORY

BOE Certified? Yes No

BoE De-Certified? Yes No

If De-Certified, please explain: _____

Insurance Policy Confirmation

Date added to Insurance Policy _____

Date Contractor Notified _____

Initials _____

Note: This form and all inclusive documentation will be kept on file at the Transportation Office.