ILLINOIS STATE BOARD OF EDUCATION
Financial Services
Funding & Disbursement Services Division
100 North First Street
Springfield, IL 62777-0001

ILLINOIS SCHOOL BUS DRIVER TRAINING INSTRUCTOR APPLICATION

2009-2010

FIRST TIME APPLICANT: ☐ **YES** ☐ **NO**

APPLICANT'S NAME: Mr. Mrs. Ms. _____
(Last) (First) (Middle I.)

HOME MAILING ADDRESS: _____
(Street) (City) (State) (Zip Code)

TELEPHONE NUMBER: _____ **E-MAIL ADDRESS:** _____
(Area Code) (Number)

EMPLOYER: _____

EMPLOYER ADDRESS:_____
(Street) (City) (State) (Zip Code)

EMPLOYER'S TELEPHONE NUMBER: _____
(Area Code) (Number)

REGIONAL OFFICE OF EDUCATION: _____
(Name)

Annual Instructor Training Class Location_____
Annual Instructor Training Class Date Attended_____

REQUEST FOR STATE CERTIFICATION

I have reviewed and verified that _____ has met all of the requirements
(Applicant's Name)

stated in Title 23, Part 1, Section 1.515 of the Illinois Administrative Code and am seeking certification for this applicant as a state school bus driver training instructor. The Illinois School Bus Driver Training Curriculum is the official document to be used in all initial and refresher school bus driver training classes conducted by this Regional Office of Education.

_____ _____
DATE **REGIONAL SUPERINTENDENT'S SIGNATURE**

_____
REGIONAL OFFICE OF EDUCATION