

**ILLINOIS STATE BOARD OF EDUCATION**

Funding and Disbursement Division

100 North First Street, E-230

Springfield, IL 62777-0001

**ILLINOIS SCHOOL BUS DRIVER TRAINING INSTRUCTOR APPLICATION  
2008-2009**

|  |  |
|--|--|
| FIRST TIME APPLICANT<br><input type="checkbox"/> YES <input type="checkbox"/> NO | APPLICANT NAME (Last, First, Middle Initial) |
| HOME MAILING ADDRESS (Street, City, State, Zip Code)                             |  |
| TELEPHONE (Include Area Code)  | E-MAIL                                       |
| EMPLOYER   | EMPLOYER TELEPHONE (Include Area Code)       |
| EMPLOYER ADDRESS (Street, City, State, Zip Code)                                 |  |
| REGIONAL OFFICE OF EDUCATION   |  |
| ANNUAL INSTRUCTOR TRAINING CLASS LOCATION (City 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