

**STATE OF FLORIDA, SCHOOL BUS SAFETY INSPECTOR APPLICATION**  
(Please Type or Print)

\_\_\_\_\_  
First Name M.I. Last Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Home Street Address, Apt. # City State Zip

\_\_\_\_\_  
Driver License Number (Last 6 Digits) Birth Date Education: (Check Highest Level achieved)  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\_\_ High School or GED \_\_ Two-year College  
\_\_ Post graduate \_\_ Four-year College

\_\_\_\_\_  
The School District or Employer You Work For  
\_\_\_\_ (CERTIFICATION) \_\_\_\_ (RECERTIFICATION): **CHECK ONE**  
APPLICATION LEVEL - **CHECK ONE:**  
\_\_\_\_ 1. INSPECTOR \_\_\_\_ 2. TRAINER \_\_\_\_ 3. SUPERVISOR

**WORK EXPERIENCE**

For certification levels, 1, 2 and 3, the applicant must be able to document a minimum of two years journeyman-level mechanical experience or a two-year Vocational/Technical (Vo-Tech) degree in any of the following areas: a) Automotive; b) Truck; c) Heavy Equipment or, d) Buses (transit or school).

*List employers where you gained applicable experience:*

1. Employer (Current or most recent):

\_\_\_\_\_  
\_\_\_\_\_  
Street Address City State Zip

Your Position or Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tel. #: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Employed From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. Employer (Previous):

\_\_\_\_\_  
\_\_\_\_\_  
Street Address City State Zip

Your Position or Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tel. #: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Employed From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Note:** If needed to demonstrate compliance with requirements, list additional employers, mechanical experience or degree information on a separate piece of paper and attach it to this application.

**CERTIFICATION INFORMATION**

\_\_\_\_\_  
Name of Employer or School District

\_\_\_\_\_, Florida \_\_\_\_\_  
*Work or Mailing Address*                      *City*                      *Zip*

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Note: Send the completed application to Florida Department of Education, School Transportation Management Section at 325 West Gaines Street, suite 834, Tallahassee, Florida 32399-0400. All signatures are required and the test candidate must bring a valid driver's license to the hands-on test site.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The applicant meets all training requirements:

Trainer's Signature: \_\_\_\_\_ Trainer's Cert. # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The applicant meets all applicable qualifications and requirements:

Transportation Director's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**THIS SECTION FOR FDOE USE ONLY**

Inspector: \_\_\_\_\_ Trainer: \_\_\_\_\_ Certification \_\_\_\_\_ Recertification \_\_\_\_\_

Applicant denied certification due to:

Insufficient Data \_\_\_\_ Does Not Qualify \_\_\_\_ Insufficient Experience \_\_\_\_ Classified Mechanic's Helper \_\_\_\_ Training Not Received \_\_\_\_

Written (online) Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Passed \_\_\_\_\_ Failed \_\_\_\_\_

\* Retest Date: 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ Passed \_\_\_\_\_ Failed \_\_\_\_\_

\* Retest Date: 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ Passed \_\_\_\_\_ Failed \_\_\_\_\_

\* Retest Date: 3. \_\_\_\_/\_\_\_\_/\_\_\_\_ Passed \_\_\_\_\_ Failed \_\_\_\_\_

Hands-On Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Passed \_\_\_\_\_ Failed \_\_\_\_\_

\* Retest Date: 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ Passed \_\_\_\_\_ Failed \_\_\_\_\_

\* Retest Date: 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ Passed \_\_\_\_\_ Failed \_\_\_\_\_

\* Retest Date: 3. \_\_\_\_/\_\_\_\_/\_\_\_\_ Passed \_\_\_\_\_ Failed \_\_\_\_\_

\* If Applicable

Certified By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name of FDOE Official