

**ILLINOIS STATE BOARD OF EDUCATION**

Funding and Disbursements Division  
100 North First Street, E-320  
Springfield, Illinois 62707-0001

**ILLINOIS SCHOOL BUS DRIVER INSTRUCTOR APPLICATION**

**DIRECTIONS:** After attending the annual instructor training in person or viewing it online, please complete the application and submit the original form to the respective regional office of education or intermediate service center.

**SPECIAL NOTE:** Please do not send your first aid card, application form, or any other materials to the ROE 3 office. All materials should be brought with you to the training and/or given to the Regional Office of Education that is certifying you as a school bus driver training instructor.

**First time applicant:**  Yes  No

NAME OF APPLICANT (First, Middle Initial, Last Name)	DATE	
HOME ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	E-MAIL ADDRESS
EMPLOYER'S NAME	EMPLOYER'S TELEPHONE (Include Area Code)	
EMPLOYER'S ADDRESS (Street, City, State, Zip Code)	REGIONAL OFFICE OF EDUCATION	
ANNUAL INSTRUCTOR TRAINING CLASS LOCATION	DATE ATTENDED	

**REQUEST FOR STATE CERTIFICATION**

I have reviewed and verified that \_\_\_\_\_ has met all the requirements stated in Title  
*(Name of Applicant)*  
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

\_\_\_\_\_  
**Original** Signature Regional Superintendent

\_\_\_\_\_  
Regional Office of Education