

ILLINOIS 1st DIVISION SCHOOL BUS DRIVER INSTRUCTOR APPLICATION

100 North First Street Springfield, Illinois 62777-0001

FUNDING AND DISBURSEMENTS DEPARTMENT

DIRECTIONS: After attending the annual 1st Division Instructor Training, 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 given to the Regional Office of Education that is certifying you as a 1st Division School Bus Driver Training Instructor.

Driver Training mandotor.		
First time applicant:		
NAME OF APPLICANT (First, Middle Initial, Last Name)	DATE	
HOME ADDRESS (Street, City, State, ZIP Code)	TELEPHONE (Include Area Code)	HOME EMAIL 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 STA	ATE CERTIFICATION	
I have reviewed and verified that	has met all ti	he requirements stated in Title
(Name of Applica 23, Part 1, Section 1.515 of the Illinois Administrative Code		or this applicant as a state 1
division school bus driver training instructor. The Illinois 1st	Division School Bus Driver Tra	nining Curriculum is the officia
document to be used in all initial and refresher 1st Divis	sion School Bus Driver Trainir	ng classes conducted by this
Regional office of Education.		
Date	Original Signature Regional Superintendent	
	Regional Offic	e of Education