

State of Florida, School Bus Safety Inspector Application



Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Driver License No (Last 8 Digits Only) _____ Online Test Score: _____

Application Level

Inspector Supervisor Trainer

Employment History

The Applicant must document at least two-years of journeyman level mechanical experience or a certificate of completion in vehicle maintenance and repair from an accredited school.

Current Employer: _____ Phone: _____
 Address: _____ Job Title: _____
 Supervisor: _____

Employed From: _____ To: _____

Previous Employer: _____ Phone: _____
 Address: _____ Job Title: _____
 Supervisor: _____
 From: _____ To: _____

Attestation and Signatures

I attest that my answers are true and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

I attest that the above listed applicant has met all of the mandatory training requirements

Trainer's Signature: _____ Date: _____

I attest that the above applicant meets all applicable qualifications and requirements described in rule 6A-3.0171 F.A.C.

Transportation Director's Signature: _____ Date: _____

Certified By: (FDOE OFFICIAL)			Date Certified:
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Written Test Score: _____ Hands-On Test Score: _____