

NEW JERSEY STATE DEPARTMENT OF EDUCATION
CRIMINAL HISTORY REVIEW UNIT
APPLICANT AUTHORIZATION AND CERTIFICATION
SCHOOL BUS DRIVER

School Bus Driver Transfer:

PCN _____

(Previous County/District/Contractor)

(Type or print in ink)

(1) Last Name

(2) First Name

(3) Middle Initial

(4) Social Security Number

(5) Date of Birth _____
Month Day Year

(6) Sex (Select One): M F

(7) Race (Select One): W B I A H
(Over for Instructions)

(8) Street Address

(9) City

(10) State

(11) Zip

(12) _____
Driver's License Number

(13) _____
Expiration Date

(14) INITIAL () RENEWAL ()

AGENCY/CONTRACTOR USE ONLY

(15) NAME OF COUNTY LOCATION

(16) COUNTY CODE

(17) NAME OF EMPLOYING DISTRICT/PRIVATE SCHOOL

(18) AGENCY CODE

(19) SCHOOL BUS CONTRACTOR NAME

(20) COUNTY CODE

(21) CONTRACTOR CODE

I do hereby authorize the New Jersey State Department of Education, its agents and representatives, to submit fingerprint data pertaining to me to the Federal Bureau of Investigation and the New Jersey State Police Bureau of Identification for the purpose of obtaining criminal history record information as required by *N.J.S.A. 18A:39-19.1*.

FORM "A" – (INITIAL APPLICATION FOR SCHOOL BUS DRIVER ENDORSEMENT)

I, _____ swear/affirm that I have not been convicted nor do I have any charges pending for the following crimes or offenses: any crime of the first or second degree; any crime bearing upon or involving sexual offense or child molestation; an offense involving the possession, manufacture, transportation, sale, distribution, habitual use of a controlled dangerous substance or any violation involving drug paraphernalia, including hypodermic needles; any crime involving the use of force or the threat of force to or upon a person or property including, but not limited to, robbery, aggravated assault, stalking, kidnapping, arson, manslaughter and murder, any crime of possessing weapons; a third degree crime as set forth in Chapter 20 of Title 2C (theft); recklessly endangering another person, terroristic threats, criminal restraint, luring or enticing child into motor vehicle or isolated structure; causing or risking widespread injury or damage; criminal mischief, burglary, usury, threats and other improper influence, perjury and false swearing, resisting arrest, escape; any conspiracy to commit or attempt to commit any of the crimes described in this act.

FORM "B" – (CURRENT SCHOOL BUS DRIVER RENEWING SCHOOL BUS ENDORSEMENT)

I, _____ swear/affirm that I have not been convicted of any crime or offense bearing upon or involving sexual offense or child molestation; endangering the welfare of children or incompetents; an offense involving the manufacture, transportation, sale, possession, habitual use of a controlled dangerous substance; any crime involving the use of force or the threat of force to or upon a person or property including robbery, aggravated assault, kidnapping, arson, manslaughter and murder, or a simple assault involving the use of force which results in bodily injury.

Signature of Applicant

Telephone No.

Date

Notary

INSTRUCTIONS FOR COMPLETING SCHOOL BUS DRIVER APPLICANT AUTHORIZATION AND CERTIFICATION

Applicant should complete Items 1-12. The fingerprint cards cannot be processed unless *all* entries are complete. Information should be printed using a ball point pen or typed. After completion, applicant should have the form notarized and submit to hiring district/private school or contractor with completed state and federal fingerprint cards and payment.

- (1) Enter last name.
- (2) Enter first name.
- (3) Enter middle initial. If no middle initial, leave blank.
- (4) Enter Social Security Number.
- (5) Enter month, day, and year of birth. (Use four-digit year)
- (6) Circle appropriate letter.
- (7) Circle race using.
 - W - White, Non-Hispanic
 - B - Black, Non-Hispanic
 - I - American Indian or Alaskan Native
 - A - Asian or Pacific Islander
 - H - Hispanic
- (8) Enter mailing street address. If rural route also list road or street name.
- (9) Enter City/Town/Municipality of residence.
- (10) Enter abbreviations for State of residence.
- (11) Enter Zip Code.
- (12) Enter drivers license number (13) Expiration date (14) Indicate if initial or renewal bus license
(If bus aide, enter A000 00000 00000)

Items 15-20 should be completed by the employing local school district/private agency or contractor

- (15) Enter county name.
- (16) Enter two-digit county code.
- (17) Enter employing district/private school name.
- (18) Enter four-digit district/private school code.
- (19) Enter contractor name.
- (20) Enter county code.
- (21) Enter four-digit contractor code.

Submitting office should retain appropriate copy for their files and provide copy to applicant according to copy distribution. Forward original with fingerprint cards, payment, and transmittal form to:

**CRIMINAL HISTORY REVIEW UNIT
NEW JERSEY STATE DEPARTMENT OF EDUCATION
PO BOX 500
TRENTON, NEW JERSEY 08625-0500**