**State of New Jersey Department of Education**

**Office of Student Transportation**

**P.O. Box 500**

**Trenton, NJ 08625-0500**

**Annual Certification of School Bus Drivers Transmittal Form**

**N.J.S.A. 18A:39-17: District -** In each school year, prior to the assignment of any driver or substitute driver to any vehicle operated by the board of education of any district as a school bus, there shall be filed by the secretary of such board with the county superintendent the name, social security number of each such driver or substitute driver, and certification of a valid school bus driver’s license and criminal background check.

**N.J.S.A. 18A:39-18: Contractor -** In each school year, prior to the beginning of transportation of school pupils under a contract awarded by a board of education, the contractor shall furnish to the county superintendent the name, social security number and certification of a valid school bus driver’s license and criminal background check, of each driver or substitute driver to be assigned to any vehicle in the performance of his contract.

**Instructions:**

1. Enter name and address of district or contractor.
2. Attach list of drivers and substitute drivers assigned to drive a vehicle including name, social security number, driver’s license number, date of fingerprint clearance or date authorization and certification form was submitted. (Roster form)
3. Affix signature below and forward this Certification form along with a copy, no older than 90 days of each Driver’s Abstract Record employed by your school district/contractor to the County Superintendent of Schools.

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**Certification:**

TO: County Superintendent of Schools County Code \_\_\_\_\_\_\_\_\_\_\_ District/Contractor Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of School District/Contractor)

Address: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, City, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State \_\_\_\_\_\_, and Zip Code \_\_\_\_\_\_\_\_\_\_

*I certify that the drivers or substitute drivers on the attached list have presented a valid school bus driver’s license; that all new drivers and drivers renewing their school bus driver’s license have received fingerprint clearance or have filed the proper authorization and certification form and that all other drivers have received a fingerprint clearance.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_