# FLORIDA SCHOOL BUS SAFETY INSPECTOR APPLICATION

## APPLICANT INFORMATION

**First Name** **Middle Name** **Last Name**

**Street Address** **Apartment/Unit #**

**City** **State** **Zip Code**

**Cell Phone #** **Email** **Driver's License Number**

**Online Test Score and Date** **Current Employer** **Date of Employment** **Job Title**

## APPLICATION LEVEL (Check One)

**Inspector☐** **Supervisor☐** **Trainer☐**

## PREVIOUS EMPLOYER 1

**THE APPLICANT MUST DOCUMENT TWO YEARS OF JOURNEYMAN-LEVEL MECHANICAL EXPERIENCE OR A CERTIFICATE OF COMPLETION IN VEHICLE MAINTENANCE AND REPAIR FROM AN ACCREDITED SCHOOL FOR INSPECTOR AND TRAINER CERTIFICATION STATUS. THERE IS NO WORK HISTORY REQUIREMENT FOR SUPERVISOR-LEVEL CERTIFICATION.**

**Previous Employer 1:**

**Address:**

**Phone #:** **Job Title:**

**Date Employment Began:** **Date Employment Ended:**

## PREVIOUS EMPLOYER 2

**Previous Employer 2:**

**Address:**

**Phone #:** **Job Title:**

**Date Employment Began:** **Date Employment Ended:**

## ATTESTATION AND SIGNATURES ( All Signatures Required)

**I ATTEST THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

**Applicant's Signature:** **Date:**

**I ATTEST THE ABOVE-LISTED APPLICANT MET ALL OF THE MANDATORY TRAINING REQUIREMENTS.**

**Trainer's Signature:** **Certification #** **Date:**

**I ATTEST THE ABOVE-LISTED APPLICANT MEETS ALL APPLICABLE REQUIREMENTS UNDER RULE 6A-3.0171 F.A.C.**

**Transportation Director's Signature:** **Date:**

**THIS SECTION IS TO BE COMPLETED BY OFFICIAL HANDS-ON TEST ADMINISTRATOR ONLY**

| Hands-on Test Conducted by: | Hands-on Test Score: | Hands-on Test Date: | Certification # Issued: |
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