

**Michigan Department of Education
Beginning School Bus Driver Training Program
Sponsored by Northern Michigan University**

Request for Temporary Certification (white card)

This is to certify that: (Please print all information)

Name of Bus Driver Candidate _____ D. L # _____

Name of School District _____ District Code: _____ Birth Date: _____

The above listed driver has completed the following prerequisites and I am requesting a Temporary Certification (white card) for this driver.

1. Lessons 1-6 of the M.D.E. Training Program.
2. Commercial Driver's License (CDL) with appropriate endorsements or Temporary Operator's Permit (TOP) with appropriate endorsements*. *Note: The new bus driver is working toward a "Group B or C" CDL with a "P" and "S" endorsement. Taking the CDL road test in a black and yellow school bus will satisfy both the "P" and "S" CDL road testing requirements.*

3. A copy of the CDL or TOP must accompany this request for a Temporary Certificate.

A Temporary Instructional Permit (TIP) does not authorize an individual to drive a school bus with passengers and does not meet the requirements for a (white card).

It is also the school district's responsibility to complete the following:

1. Driving record point check.
2. Medical Examination.
3. Criminal history check.

I am requesting that a Temporary Certification Card (white card) be issued to the above driver candidate with the understanding that he/she will attend that next available School Bus Driver Safety Education Course. Temporary Certification Cards expire 90 days after the issue date or 10 days after the end of the beginning bus driver class in which the driver is enrolled. A second Temporary Certification Card shall not be issued to the driver.

Possession of a Temporary Certification Card authorizes a person to drive a school bus with passengers **ONLY** if they have the appropriate CDL or TOP. Upon satisfactory completion of the Beginning School Bus Driver Safety Education Course, a Certificate of Course Completion Card (yellow card) will be issued to the driver.

I have enclosed a copy of: CDL _____ or TOP _____ (check one) and in my judgment this driver is prepared to enter the next Beginning School Bus Driver Safety Education Course.

Certified by: _____
Transportation Supervisor's or Superintendent's signature required. Please circle appropriate title(s).

Date Submitted: _____ Fax: _____

Mail Temporary Certification Card to:

School _____ Email: _____

Transportation Supervisor
or Superintendent _____ Phone: _____

Address: _____

City: _____ State: _____ Zip _____

This request should be submitted to: **Continuing Education, Northern Michigan University, 1401 Presque Isle Ave, Marquette, MI 49855-5325** or fax to (906) 227-2108. If you have questions, please call (906) 227-1514. 10/2009 LM