**CNYAPT CHAPTER**

Contestant #\_

**Central New York Association for Pupil Transportation School Bus Safety Road-eo Application**

Name: \_ Employer Personal Address: Zip Telephone No. Fax: Email: Entry Type: Conventional Bus (Please Circle) Thomas International Bluebird

\*\*\*\*APPLICATION DEADLINE IS WEDNESDAY, MAY 23, 2018\*\*\*\*

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 CERTIFICATIO N BY DRIVER

\*Please check appropriate box

( ) I certify that I have been employed as a school bus driver for the past twelve months and I have not received a moving traffic violation as a driver or been involved in a preventable vehicle accident.

( ) I certify I am a new driver with less than one year. I have not received a moving traffic violation as a driver or been involved in a preventable vehicle accident.

Written proof must substantiate a claim of a preventable accident and such proof is subject to approval of the Road-eo Committee.

I understand that any misrepresentation made here and/or preventable accident or moving violation occurring before the date of said Road-eo will be cause for disqualification.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DRIVER LICENSE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 CERTIFICATION BY DISTRICT/ CONTRACTOR

**I nominate the above named driver/attendant to represent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I further certify that the driver/ attendant meets the CNYAPT Road-eo requirements.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Signature:

**Mail or email all forms to:**

**Connie Thorp**

**Chittenango Central School District**

cthorp@chittenangoschools.org

**1856 New Boston Rd**

**Chittenango, NY 13037**