



CALIFORNIA DEPARTMENT OF EDUCATION
OFFICE OF SCHOOL TRANSPORTATION
825 Riverside Pkwy., Ste. 110
West Sacramento, CA 95605
Ph: 916-375-7100 Fax: 916-375-7110
Website: <http://www.cde.ca.gov/ls/tn>

ADMINISTRATOR PROGRAM APPLICATION

Instructions:

Please print or type all requested information. Completed application and course fee must be mailed to the above address. Faxed applications will not be accepted.

Section 1 – Applicant Information:

Name (Mr. /Mrs. /Ms.): _____

Home Address: _____
Street City

State/Zip County: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Section 2 – Employer Information:

Primary Employer: _____

Primary Employer Address: _____
Street City

State/Zip County: _____ Email: _____

Primary Employer Phone Number: _____ Fax: _____

Section 3 – Certification:

Program Attendance (Month/Year):	1 st Choice:	2 nd Choice:
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Applicant Signature:	Print:	Date:
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NOTE: Signature certifies that the information provided in this application by the applicant is true and that the applicant has knowingly not made a false statement or concealed any material fact.

Course Fee

\$325.00 (Check/Purchase Order/Money order made out to the California Department of Education)