



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>

ALLIED PROGRAM APPLICATION

Instructions:

Please print or type all requested information. Upon completion, refer to the checklist on page 2 of required documents. Completed application, documents, and application fee must be mailed to the above address. Faxed applications/documents will not be accepted.

Section 1 – Applicant Information:

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

Home Address: _____

Street

City

_____ County: _____

State/Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____

Driver License Number: _____ Class: A B Endorsement(s): _____

Driver License Restrictions: _____

Section 2 – Employer Information:

Primary Employer: _____

Primary Employer Address: _____

Street

City

_____ County: _____ Email: _____

State/Zip

Primary Employer Phone Number: _____ Fax: _____

Section 3 – Certification:

Applicant Signature:	Print:	Date:
Primary Employer Signature:	Print:	Date:
Primary Employer Title:	Email:	Phone Number:

NOTE: Signatures certify that the information provided in this application by the applicant and primary employer is true and that neither the applicant nor primary employer has knowingly made a false statement or concealed any material fact.

Required Application Documents Checklist

Please use the checklist below to make certain you have included all the required documents to send with your completed application and application fee.

Note: Provide legible copies of the following items:

- \$35.00 Application fee (Check/Money order made out to California Department of Education (**No** CASH/**No** PURCHASE ORDERS).
- Commercial Driver License (CDL: Reflecting Class A or B and Passenger Endorsement)
- Medical Certificate DL 51A (front and back of card)