

## CALIFORNIA DEPARTMENT OF EDUCATION OFFICE OF SCHOOL TRANSPORTATION

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## **ALLIED COURSE APPLICATION**

(Updated April 2022)

## Instructions:

Section 1 – Applicant Information:		
Name:		
Home Address:		City:
State and Zip Code:		County:
Home Phone:		Cell Phone:
Home Email Address:		
Date of Birth:		
Driver License Number:		Class: A B
Endorsement(s):		Restrictions:
Section 2 – Employer In	formation:	
Primary Employer:		
Work Mailing Address:		City:
State and Zip Code:		County:
Work Phone Number:		Fax:
Work Email Address:		
Section 3 – Certification	n:	
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 Items Checklist**

Please use the checklist below to ensure you have included all required documents with your completed application. Travel, lodging, and meals are the responsibility of the applicant. Please make check, money order, or purchase order payable to California Department of Education. Cash and credit cards are **not** accepted.

\$1,000.00 Course Fee (due on or before the first day of class)

Copy of Commercial Driver License reflecting Class A or B with Passenger Endorsement

Copy of Medical Examiner's Certificate