California Department of Education Office of School Transportation OST-004 (Revised 04/2025)

Instructor/Delegated Trainer Update Form

Applicant Information

Instructions: Please provide the applicant's information. If you are requesting a name change, check the 'Name Change' box and enter the new name in the applicant information section. To receive a new Instructor/Delegated Trainer ID card with the new name, a \$15 payment must be submitted via check along with this application. If the applicant is an independent instructor, please indicate 'Independent' in the employer field. Complete the remainder of the application as required. For any questions regarding this application, please contact the Office of School Transportation at 916-375-7100. Name Change (Note: Name change will not be accepted unless Drivers License and Special Certificate reflect new name) Name: Instructor/Delegated Trainer ID#: Home Address: City and Zip: Personal Phone: County: Personal Email: **Employer Information** Instructions: Please write your current or new employer information. If you are independent, please check the box marked "Independent Instructor" below and leave employer information section blank. Independent Instructor **Employer Name:** County: Work Address: City and Zip: Work Email: Work Phone: **Voluntary Cancellation** Instructions: If you wish to voluntarily cancel your Instructor/Delegated Trainer certification, please complete the entire application form above. Additionally, please specify the effective date for the voluntary cancellation below. **Effective Voluntary Cancellation Date:** Applicant Signature: Date:

Required Attachments Checklist

Instructions: Please use the checklist below to ensure that all required items are included with your completed form. Copies of your credentials must be clear and legible, displaying both the front and back where applicable. If you have changed your name, your credentials must reflect the updated information. Applicable fees may be paid by check or money order, made payable to the "California Department of Education" or "CDE," and mailed to the Office of School Transportation (OST) at 825 Riverside Parkway, Suite 110, West Sacramento, CA 95605. Cash payments and purchase orders are not accepted. If you are voluntarily canceling your Instructor/Delegated Trainer Certificate, please complete the application and submit your Instructor/Delegated Trainer ID along with the application. No additional documentation is required.

\$15 new ID card fee (Name change must be reflected on DL & Spec. Cert)
Current CDE Instructor or DBTW Trainer ID card (Name Change, Voluntary Cancellation)
Copy of Commercial Driver License
Copy of California Special Driver Certificate
Copy of Medical Examiner's Certificate
Copy of First Aid Certificate (if applicable)