

**Michigan Department of Education
Beginning School Bus Driver Training Program
Sponsored by Northern Michigan University**

Request for Temporary Certification (white card)

This is to certify that: (Please print all information)

Name of Bus Driver Candidate _____ D. L. # _____

Name of School District _____ Hourly Wage: _____ Birth Date: _____

The above listed driver has completed the following prerequisites and I am requesting a Temporary Certification (white card) for this driver.

1. Lessons 1-6 of the M.D.E. Training Program.
2. Commercial Driver's License (CDL) with appropriate endorsements or Temporary Commercial Driver's License (TCDL) with appropriate endorsements*. **Note: The new bus driver is working toward a "Group B or C" CDL with a "P" and "S" endorsement.*
3. **A copy of the CDL or TC DL must accompany this request for a Temporary Certificate.** *A Temporary Instructional Permit (TIP) does not authorize an individual to drive a school bus with passengers and does not meet the requirements for a (white card).*

It is also the school district's responsibility to complete the following:

1. Driving record point check.
2. Medical Examination.
3. Criminal history check.

I am requesting that a Temporary Certification Card (white card) be issued to the above driver candidate with the understanding that he/she **will attend the next** available School Bus Driver Safety Education Course. Temporary Certification Cards expire 90 days after the issue date or 10 days after the end of the beginning bus driver class in which the driver is enrolled. A second Temporary Certification Card shall not be issued to the driver.

Possession of a Temporary Certification Card authorizes a person to drive a school bus with passengers **ONLY** if they have the appropriate CDL or TC DL. Upon satisfactory completion of the Beginning School Bus Driver Safety Education Course, a Certificate of Course Completion Card (yellow card) will be issued to the driver, if CDL or TC DL is on file.

I have enclosed a copy of his/her CDL or TC DL and in my judgment this driver is prepared to enter the next Beginning School Bus Driver Safety Education Course.

Certified by: _____
Transportation Supervisor or Superintendent: signature required.

Date Submitted: _____ Email/Fax: _____

Mail Temporary Certification Card to:

School: _____	Email: _____
Contact: _____	Phone: _____
Address: _____	
City: _____	State: _____ Zip: _____

This request should be submitted to: **Continuing Education & Workforce Development, Northern Michigan University, 1401 Presque Isle Ave, Marquette, MI 49855** or fax to (906) 227-2108. If you have questions, please call (906) 227-1514.
If you want to pay with a credit card, feel free to call.