

**ALTERNATIVE VEHICLE DRIVER
INFORMATION REQUEST FORM**

Wisconsin Department of Public Instruction

Please print

Applicant Name – First	Middle Initial	Last	Birth Date (Month/Day/Year)
Driver License Number or Social Security Number – For Verification Purposes			

YES NO

- Have you ever been convicted of a crime or other offense listed under s.343.12(7) Wis. Stats., or Ch. Trans. 112.15 WI Admin. Code within the time frame listed on the attached list of crimes?
- Are you currently listed on any sex offender registry?
- Are you currently listed on any nurse abuse registry?

Explain "YES" answers

YES NO

- Have you been a resident in another state within the previous 2 years?

If you checked "YES", list all other state(s) in which you have been a resident during the previous 2 years:

Applicant Statements

As an alternative vehicle driver, I agree to report in writing to my employer, within 10 days:

1. Any accident in which I was involved as the operator of any motor vehicle regardless of who was at fault or if citations were issued;
2. Any conviction or operating privilege withdrawal listed under s.343.12(7) Wis. Stats., or Ch. Trans. 112.15 WI Admin. Code that makes the operator ineligible to operate a motor vehicle to transport pupils;
3. If I hold a school bus endorsement, any incidents that would disqualify me for holding that endorsement;
4. Any suspension or revocation of my operating privilege;
5. Any cancellation of my school bus endorsement of this state or another jurisdiction.

I understand that I may not falsify or provide incomplete information in respect to any material fact on this or any other background information form.

I also understand that it is my responsibility to report any new medical condition or a medical condition that has significantly changed since my last report.

(Applicant Signature)

(Date)

For Employer Use Only – Please check one

- | | |
|---|--|
| <input type="checkbox"/> Original Application | <input type="checkbox"/> Interim CIB Check |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> CCAP Check |