



Tennessee Department of Safety & Homeland Security

Certificate of Eligibility – School Bus (S) Endorsement (Form 2C)

This document is to be used to satisfy the requirements of Tenn. Code Annotated (T.C.A.) §§ 55-50-302(d) and 55-50-302(e) regarding certification and recommendation by appropriate officials of an individual applying for a school bus (S) endorsement. The individual certifying eligibility is to provide the name of the individual and complete. T.C.A. § 49-6-2116 Transportation Supervisor – Transportation policy relative to safe transportation of students. This document shall be presented at the driver's service center each time a driver updates the driver's license.

Please Print or Type

Name: _____
As Appears on Driver License Driver License Number

Address: _____
Street / PO Box City

County State

SCHOOL SYSTEM

School System / Board of Education School Year

Address: _____
Street City

Zip Code Phone #

By signing, I certify that the above applicant is considered eligible for employment as a school bus driver and meets all requirements of T.C.A. § 55-50-302, 49-6-2107, and 49-6-2108. Employment is contingent upon compliance with all applicable State Board of Education Rules and Regulations, Department of Safety and Homeland Security licensing requirements, availability of funding, position vacancies, Superintendent's recommendation, and Board approval.

Person who must be medically examined and certified: 49 CFR 391.45(a-g). 49 CFR 391.45(f) states: Any driver whose ability to perform his or her normal duties has been impaired by a physical or mental injury or disease. FMCSR do not require an examination unless the injury or illness has impaired the driver's ability to perform his/her normal duties. However, the motor carrier or Transportation director may require a driver returning from an injury or illness to take a physical examination. In either case the motor carrier or Transportation director has the obligation to determine if an injury or illness renders the driver medically unqualified.

By signing, I certify under penalty of perjury that the above-named applicant is employed or will be employed by the above school system and that all information on this form is true and correct. I understand any misstatement of fact may result in criminal charges under T.C.A. §§ 39-16-702 and 55-50-602 and other applicable laws.

Transportation Director: _____
Print Name Contact Number Email

Signature – School System / Board of Education Transportation Director
(Signature must be original not electronic or copied)

Date