

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES

APPLICATION FOR SCHOOL BUS ENDORSEMENT

This application is for: Original Renewal

APPLICANT'S NAME (PLEASE PRINT)

ALASKA DRIVER LICENSE NUMBER

DOE CERTIFICATE NUMBER

DATE OF BIRTH

SCHOOL DISTRICT OR CONTRACTOR FOR WHOM DRIVING

Please answer the following questions and explain any with a "yes" answer in the space provided below:

1. Has an insurance company ever rejected you? yes no
2. Have you been committed to a mental institution or alcohol program within the last 5 years? yes no
3. Have you been rejected for military service? yes no
4. What type of military discharge? Regular Medical Other
5. Have you any physical defect whatsoever, which might under strain, or in the performance of your duties requiring physical alertness and muscular activities, result in disablement or otherwise incapacitate you? yes no
6. Are you now under or have you been under a physician's care during the past 5 years? yes no
7. Are you taking any medication? If yes, list them and explain below: yes no
8. Have you ever received disability compensation? yes no
9. Do you have a problem with alcohol or drug misuse? yes no
10. Have you ever or do you now have any of the following symptoms?
 - Chest pains yes no
 - Chronic cough yes no
 - Convulsions/Seizures yes no
 - Dizziness yes no
 - Fainting spells yes no
 - Hearing loss yes no
 - Seeing double yes no
 - Spitting of blood yes no
11. Do you have or have you had any of the following in the last 5 years?
 - Arthritis yes no
 - Asthma yes no
 - Blood disease yes no
 - Cardiac ailment yes no
 - Diabetes yes no
 - Epilepsy yes no
 - Head injuries yes no
 - Hernia (rupture) yes no
 - High blood pressure yes no
 - Kidney trouble yes no
 - Liver disease yes no
 - Malaria yes no
 - Nervous breakdown yes no
 - Pleurisy yes no
 - Stomach trouble yes no
 - Tuberculosis yes no
 - Varicose veins yes no

For questions 1 - 11, explain any items in which you answered "yes":

I CERTIFY THAT THE ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Complete basic information. Print form. Select YES or NO to each condition listed.

APPLICANT'S SIGNATURE AND DATE

Complete this form in triplicate:

1. ORIGINAL must accompany request for license endorsement.
2. ONE COPY must be sent to District School Superintendent.
3. ONE COPY must be given to employer.