



SCHOOL BUS DRIVER INTENDED USE VERIFICATION

State form (9-05)

INDIANA BUREAU OF MOTOR VEHICLES

Name of Applicant		Age
Address (number and street, city, state, ZIP code)		
Driver's License Number		Type
Date of Issue	Expiration Date	State

STATEMENT OF WAIVER AND UNDERSTANDING

PLEASE READ BEFORE SIGNING

Please Initial

_____ I will not be transporting pre-primary, primary, or secondary school students from home to school, from school to home, or to and from school sponsored events in a school bus, requiring a "P" endorsement only.

Signature of Applicant	Date (month, day, year)
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Please attach this signed document to the applicant's CDL skills test scoresheet. This document must be retained at the testing site for a minimum period of three years.