**Courtesy Appointments for School Bus Drivers**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DL# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the applicant have a Permit Receipt? Yes or No (circle one)

Does the applicant need to take knowledge tests? Yes or No (circle one)

Is an appointment scheduled? Yes or no (circle one)

 If yes,

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Confirmation # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions for applicant’s new appointment:

1. Mon, Tues, Wed, Thurs only.
2. Please list 3 days the applicant is available.
	1. When is applicant available?
		1. Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. Times (8AM, 9AM, 10AM, or 11AM only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		3. Preferable agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YOU HAVE ANY QUESTIONS, CONTACT BRIAN SCHOLER, MVC CDL MOBILE TEAM @ 609-503-1587

Submit your request via email to: brian.scholer@mv.nj.gov

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