

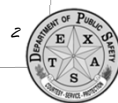


# Texas Department of Public Safety

## School Bus Transportation Program

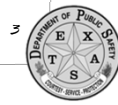
### Discussion Topics

- o School Bus Driver Qualifications
- o School Bus Driver Safety Training Program
- o School Bus Safety Standards
- o Advertising Requirements



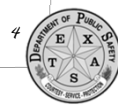
# School Bus Driver Qualifications

- o Employment Qualifications
- o Medical Qualifications & Request for Special Consideration
- o Minimum Driving Record Qualifications
- o CDL Self Certification
- o Understanding an MVR



# Employment Qualifications

At a minimum, to become employed and maintain employment status as a school bus driver, a person must meet the following requirements:



- o Be at least 18 years of age
- o Possess a valid CDL with applicable endorsements (P & S endorsements)
- o Meet the medical qualifications
- o Maintain an acceptable driving record
- o Maintain an acceptable criminal history record (see Chapter 22 of the Texas Education Code).
- o Possess a valid Texas School Bus Driver Safety Training Certificate or a valid Enrollment Certificate



## Medical Qualifications

(TAC 14.12)

A person shall not drive a school bus, school activity bus, or multifunction school activity bus unless he/she is physically qualified to do so.

Each school bus driver shall undergo and successfully complete an annual physical exam in accordance with the requirements of Title 49, Code of Federal Regulations, Parts 391.41 and 391.43.





Form MCS-9875 (Rev. 04/2019) DMV No. 2124-0000 Expiration Date: 8/31/2019

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ DOB: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**DRIVER HEALTH HISTORY (continued)**

Do you have or have you ever had:	Yes	No	Not Sure	Yes	No	Not Sure
1. Head/brain injuries or illnesses (e.g., concussion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Dizziness, headaches, numbness, tingling, or memory loss	<input type="radio"/>	<input type="radio"/>
2. Seizures, epilepsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Unexplained weight loss	<input type="radio"/>	<input type="radio"/>
3. Eye problems (except glasses or contacts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Stroke, mini-stroke (TIA), paralysis, or weakness	<input type="radio"/>	<input type="radio"/>
4. Ear and/or hearing problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Missing or limited use of arm, hand, finger, leg, foot, toe	<input type="radio"/>	<input type="radio"/>
5. Heart disease, heart attack, bypass, or other heart problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Neck or back problems	<input type="radio"/>	<input type="radio"/>
6. Pacemakers, stents, implantable devices, or other heart procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. Bone, muscle, joint, or nerve problems	<input type="radio"/>	<input type="radio"/>
7. High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. Blood clots or bleeding problems	<input type="radio"/>	<input type="radio"/>
8. High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. Cancer	<input type="radio"/>	<input type="radio"/>
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24. Chronic (long-term) infection or other chronic diseases	<input type="radio"/>	<input type="radio"/>
10. Lung disease (e.g., asthma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	<input type="radio"/>	<input type="radio"/>
11. Kidney problems, kidney stones, or pain/problems with urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26. Have you ever had a sleep test (e.g., sleep apnea)?	<input type="radio"/>	<input type="radio"/>
12. Stomach, liver, or digestive problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27. Have you ever spent a night in the hospital?	<input type="radio"/>	<input type="radio"/>
13. Diabetes or blood sugar problems (insulin used)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28. Have you ever had a broken bone?	<input type="radio"/>	<input type="radio"/>
14. Anxiety, depression, nervousness, other mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29. Have you ever used or do you now use tobacco?	<input type="radio"/>	<input type="radio"/>
15. Fainting or passing out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30. Do you currently drink alcohol?	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31. Have you used an illegal substance within the past two years?	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32. Have you ever failed a drug test or been dependent on an illegal substance?	<input type="radio"/>	<input type="radio"/>

Other health condition(s) not described above:  Yes  No  Not Sure

Did you answer "yes" to any of questions 1-32? If so, please comment further on these health conditions below:  Yes  No  Not Sure

(Attach additional sheets if necessary)

**DMV DRIVER'S SIGNATURE**

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and any Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.31, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 390.390 Appendices A and B.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2. Examination Report (to be filled out by the medical examiner)**

**DRIVER HEALTH HISTORY REVIEW**

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

(Attach additional sheets if necessary)

Page 2



Form MCS-9875 (Rev. 04/2019) DMV No. 2124-0000 Expiration Date: 8/31/2019

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ DOB: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**TESTING**

Pulse rate: \_\_\_\_\_ Pulse rhythm regular:  Yes  No Height: \_\_\_\_\_ (feet) \_\_\_\_\_ (inches) Weight: \_\_\_\_\_ (pounds)

Blood Pressure: Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_ Urinalysis: \_\_\_\_\_ Sp. Gr. \_\_\_\_\_ Protein \_\_\_\_\_ Blood \_\_\_\_\_ Sugar \_\_\_\_\_

Sitting: \_\_\_\_\_ Urinalysis is required. Numerical readings must be recorded.

Second reading (optional): \_\_\_\_\_

Other testing if indicated: \_\_\_\_\_ (Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.)

**Vision**

Standard or best 20/40 acuity (Snellen) in each eye with or without correction. **Heating** Standard: Must first perceive whispered voice at not less than 5 feet OR average lost 70% field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

**Acuity** Unconnected Connected Horizontal Field of Vision Check if hearing aid used for test:  Right Ear  Left Ear  Neither  Right Ear  Left Ear

Right Eye: 20' \_\_\_\_\_ 20' \_\_\_\_\_ Right Eye: \_\_\_\_\_ degrees Whisper Test Results: Record distance in feet from driver at which a forced whispered voice can first be heard \_\_\_\_\_ Right Ear \_\_\_\_\_ Left Ear

Left Eye: 20' \_\_\_\_\_ 20' \_\_\_\_\_ Left Eye: \_\_\_\_\_ degrees \_\_\_\_\_

Both Eyes: 20' \_\_\_\_\_ 20' \_\_\_\_\_ Yes No OR

Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors  **Audiometric Test Results**

Monoaural vision  Right Ear \_\_\_\_\_ Left Ear \_\_\_\_\_

Referred to ophthalmologist or optometrist?  500 Hz 1000 Hz 2000 Hz 500 Hz 1000 Hz 2000 Hz

Received documentation from ophthalmologist or optometrist?  Average (Right): \_\_\_\_\_ Average (Left): \_\_\_\_\_

**PHYSICAL EXAMINATION**

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.

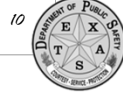
Check the body systems for abnormalities.

Body System	Normal	Abnormal	Body System	Normal	Abnormal
1. General	<input type="radio"/>	<input type="radio"/>	8. Abdomen	<input type="radio"/>	<input type="radio"/>
2. Skin	<input type="radio"/>	<input type="radio"/>	9. Gastro-intestinal system including hernias	<input type="radio"/>	<input type="radio"/>
3. Eyes	<input type="radio"/>	<input type="radio"/>	10. Back/Spine	<input type="radio"/>	<input type="radio"/>
4. Ears	<input type="radio"/>	<input type="radio"/>	11. Extremities/joints	<input type="radio"/>	<input type="radio"/>
5. Mouth/throat	<input type="radio"/>	<input type="radio"/>	12. Neurological system including reflexes	<input type="radio"/>	<input type="radio"/>
6. Cardiovascular	<input type="radio"/>	<input type="radio"/>	13. Gait	<input type="radio"/>	<input type="radio"/>
7. Lungs/throat	<input type="radio"/>	<input type="radio"/>	14. Vascular system	<input type="radio"/>	<input type="radio"/>

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

(Attach additional sheets if necessary)

Page 3



Form MCSA-8875 (Rev. 04/16/2019) OMB No. 2124-0066 Expiration Date: 8/31/2018

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ DOB: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

**MEDICAL EXAMINER DETERMINATION (Federal)**  
 Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

Does not meet standards (specify reason): \_\_\_\_\_

Meets standards in 49 CFR 391.41; qualifies for 2-year certificate

Meets standards, but periodic monitoring required (specify reason): \_\_\_\_\_

Driver qualified for:  3 months  6 months  1 year  other (specify): \_\_\_\_\_

Wearing corrective lenses  Wearing hearing aid  Accompanied by a waiver/waiver (specify type): \_\_\_\_\_

Accompanied by a Skill Performance Evaluation (SPE) Certificate  Qualified by operation of 49 CFR 391.54 (Federal)

Driving within an exempt intracity zone (see 49 CFR 391.62 (Federal))

Determination pending (specify reason): \_\_\_\_\_

Return to medical exam office for follow-up on (must be 45 days or less): \_\_\_\_\_

Medical Examination Report amended (specify reason): \_\_\_\_\_

of medical Examiner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Incomplete examination (specify reason): \_\_\_\_\_

**If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(b), as appropriate.**

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: \_\_\_\_\_

Medical Examiner's Name (please print or type): \_\_\_\_\_

Medical Examiner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_


Medical Examiner's Telephone Number: \_\_\_\_\_ Date Certificate Signed: \_\_\_\_\_

Medical Examiner's State License, Certificate, or Registration Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

MD  DO  Physician Assistant  Chiropractor  Advanced Practice Nurse

Other Practitioner (specify): \_\_\_\_\_

National Registry Number: \_\_\_\_\_ Medical Examiner's Certificate Expiration Date: \_\_\_\_\_

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Form MCSA-8875 (Rev. 04/16/2019) OMB No. 2124-0066 Expiration Date: 8/31/2018

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ DOB: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

**MEDICAL EXAMINER DETERMINATION (State)**  
 Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations):

Does not meet standards in 49 CFR 391.41 with any applicable State variances (specify reason): \_\_\_\_\_

Meets standards in 49 CFR 391.41 with any applicable State variances

Meets standards, but periodic monitoring required (specify reason): \_\_\_\_\_

Driver qualified for:  3 months  6 months  1 year  other (specify): \_\_\_\_\_

Wearing corrective lenses  Wearing hearing aid  Accompanied by a waiver/waiver (specify type): \_\_\_\_\_

Accompanied by a Skill Performance Evaluation (SPE) Certificate  Grandfathered from State requirements (State): \_\_\_\_\_

**If the driver meets the standards outlined in 49 CFR 391.41, with applicable State variances, then complete a Medical Examiner's Certificate, as appropriate.**

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: \_\_\_\_\_

Medical Examiner's Name (please print or type): \_\_\_\_\_

Medical Examiner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_


Medical Examiner's Telephone Number: \_\_\_\_\_ Date Certificate Signed: \_\_\_\_\_

Medical Examiner's State License, Certificate, or Registration Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

MD  DO  Physician Assistant  Chiropractor  Advanced Practice Nurse

Other Practitioner (specify): \_\_\_\_\_

National Registry Number: \_\_\_\_\_ Medical Examiner's Certificate Expiration Date: \_\_\_\_\_

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**Public Burden Statement**  
 A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB control number. The OMB control number for this information collection is 2126-0006. Public reporting burden for this collection of information is estimated to average approximately 7 minutes per response, including the time for reviewing instructions, gathering the data reviewed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Office, Federal Motor Carrier Safety Administration, 400, 1200 New Jersey Avenue, SE, Washington, DC, 20590.

**Medical Examiner's Certificate**  
 (for Commercial Driver Medical Certificate)

I certify that I have examined **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.459) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply): **OR**

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.459) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses     Accompanied by a \_\_\_\_\_ waiver/exemption     Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

Wearing hearing aid     Accompanied by a Skill Performance Evaluation (SPE) Certificate     Qualified by operation of 49 CFR 391.64 (Federal)

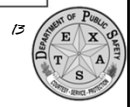
Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

**Medical Examiner's Certificate Expiration Date**  
 \_\_\_\_\_

<b>Medical Examiner's Signature</b> _____	<b>Medical Examiner's Telephone Number</b> _____	<b>Date Certificate Signed</b> _____
<b>Medical Examiner's Name (please print or type)</b> _____	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse	
	<input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
<b>Medical Examiner's State License, Certificate, or Registration Number</b> _____	<b>Issuing State</b> _____	<b>National Registry Number</b> _____

<b>Driver's Signature</b> _____	<b>Driver's License Number</b> _____	<b>Issuing State/Province</b> _____
<b>Driver's Address</b> Street Address: _____ City: _____ State/Province: _____ Zip Code: _____	<b>CLP/CDL Applicant/Holder</b> <input type="radio"/> Yes <input type="radio"/> No	



## Request for Special Consideration

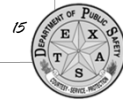
Any person disqualified on the basis of the medical examination may request special consideration for a waiver as a school bus driver.

In requesting consideration, the applicant must submit in writing clean and convincing evidence supporting that his or her functions are not impaired to such an extent as to reduce the applicant's physical and mental capabilities to safely operate a school bus, school activity bus or MFSAB.



The following documents must be submitted to the department for each waiver request:

- o Current medical exam report and medical card
- o Texas Medical Advisory Board Release Authorization form (1 copy for each physician submitting a medical opinion or medical records)
- o Written letter from the applicant requesting special consideration
- o Letter from the prospective employer
- o Letter(s) containing medical opinion(s) and/or medical records from any examining physician



## Commercial Driver License Self Certification

- o Federal Regulations along with the State of Texas Administrative Rules are requiring a commercial driver to certify regarding the type of commercial motor vehicle operation they drive in or expect to drive in with their commercial driver license.
- o March 2012 – DPS started a soft launch
- o January 2014 – Deadline
- o January 2015 – Implemented enforcement





**Non-Excepted INTERstate (Category 1)**

School district driver that drives other commercial vehicles that are regulated. Must submit a valid medical card.

**Excepted INTERstate (Category 2)**

Drives for the school district only. P restriction will be added to the license.

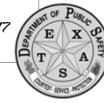
**Non-Excepted INTRAstate (Category 3)**

School district driver that drives other commercial vehicles that are regulated. K restriction will be added to the license. Must submit a valid medical card.

**Excepted INTRAstate (Category 4)**

Drives for the school district only. P & K restrictions will both be added to the license.

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**TEXAS DEPARTMENT OF PUBLIC SAFETY**

5805 N. LAMAR BLVD. - BOX 4087 - AUSTIN, TEXAS 78773-0001

[www.txdps.state.tx.us](http://www.txdps.state.tx.us)



STEVEN C. McCRAW  
DIRECTOR

DRIVER LICENSE DIVISION  
512-424-2600

EN ESPANOL 512-424-7181



DAVID G. BAKER  
CHERYL MacBRIDE  
DEPUTY DIRECTORS

SCHOOL BUS DRIVER RECORD: 07/18/2016

- THIS TYPE OF RECORD WILL REFLECT COMPLETION OF A DRIVING SAFETY COURSE.  
- THIS RECORD REFLECTS ENFORCEMENT ACTIONS, CONVICTIONS, AND CRASH INVOLVEMENTS THAT ARE ALLOWED TO BE DISPLAYED BY LAW.

REQUESTED BY:



Date of Birth: [REDACTED]  
Sex: [REDACTED]  
Eye Color: BROWN

NO REPORT OF APPROVED DRIVER EDUCATION COURSE.

DRIVER LICENSE INFORMATION

Driver License Number: [REDACTED] License Type: CDL License Class: B  
Date Originally Issued: 07/26/2002 Date Last Issued: 05/02/2016 Date of Expiration: 12/30/2021  
Restrictions: NONE  
Endorsements: PASSENGER; SCHOOL BUS

MEDICAL CERTIFICATE INFORMATION

CDL Self-Certification Category: NON-EXCEPTED INTERSTATE Medical Certificate Status: CERTIFIED  
Medical Examiner Name: WILLIAMS, KRISTI  
Medical Examiner License Number: AP127886 Medical Licensing Jurisdiction: TX  
Medical Examiner Specialty: AN - ADVANCED PRACTICE NURSE  
Medical Examiner Telephone Number: (361) 578-0064 Medical Examiner Registry Number: 5432835680  
Medical Certificate Issue Date: 01/20/2016 Medical Certificate Expiration Date: 01/20/2017  
Medical Certificate Restriction(s): NONE  
Waiver/Exempt Effective Date: NONE Waiver/Exempt Expiration Date:  
SPE Effective Date: NONE SPE Expiration Date:



**Texas Department of Public Safety**  
*Courtesy ~ Service ~ Protection*

DPS HOME   SERVICES   EMPLOYMENT   ABOUT US

Select Language

**Your Texas Driver License**

*Effective 9/1/15 DPS will no longer issue both a DL & ID card to an individual. Applicants holding both must surrender one at the time of transaction.*  
TC 621.183

**Online Services**

- › Renew your license or ID
- › Change your address
- › More online services
- › Tell us how we are doing

**NOTE**

Waiver of Motorcycle Knowledge Test  
**NEW Driver Requirements: Impact Texas Teen Drivers (ITTD)**  
 Assistance for people with disabilities  
 Review your CDL medical certification status

**New Driver Licenses & ID Cards**

**Renewals & Changes**

**Surcharges, Suspensions & Reinstatement**

**Driver Information & Resources**

[fault.cfm](#)   [Customer Service Center](#)   [Handbooks & Forms - \*\*Update!\*\*](#)   [Address Confidentiality](#)

## Check Driving Eligibility & Pay Reinstatement Fees

The Texas Department of Public Safety (DPS) online License Eligibility system is available to help Texas drivers:

- Pay fees charged to you for your driver license suspension offenses
- View compliance items needed to determine and understand your license eligibility
- Track your driving eligibility status

This online service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

This service is not for driver license renewals or duplicates. For information about these items and for other driver license questions, please visit [www.txdps.state.tx.us/DriverLicense](http://www.txdps.state.tx.us/DriverLicense).

**Login**

Please enter the following information from your Texas driver license or ID card, then select "Login".

Driver License or ID Number:  Required.

Date of Birth:  Required. (mm/dd/yyyy)

Last 4 Digits of Social Security Number:  Required.

This form submits to a secure server.

**Information**

Steps to Complete

1. Login
2. View Requirements
3. Review & Pay
4. Receipt

Frequently Asked Questions

## Minimum Driving Record Qualifications

- o School bus drivers must maintain an acceptable driving record.
- o Employer is required to run annual driving records on ALL school bus drivers.
- o Penalty Points Tables are used for determining how many points are to be assessed on a driving record.

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- o In determining a person's eligibility to drive a school bus, any person who has accumulated 10 or more penalty points shall be considered **INELIGIBLE** to transport students until such time as he/she may become qualified.
- o Your school district can have a policy which could be less than 10 points.

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## Penalty Points Tables

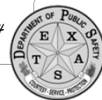
- o Table I – 1 penalty point assessed for 3 years  
(Driving Safety Course, Defective tail lights, No stop lamps)
- o Table II – 2 penalty points assessed for 3 years  
(Accidents)
- o Table III – 3 penalty points assessed for 3 years  
(Speeding, Improper turn, Fail to yield right of way, No seat belt)
- o Table IV – 10 penalty points assessed for 10 years  
(DWI, Driving while license invalid, Boating while intoxicated)
- o Table V – 10 penalty points assessed for 10 years  
(ALR Suspensions-failure or refusal, ALR CMV Disqualifications) <sup>23</sup>



## Updated Points Table

- |                          |                           |
|--------------------------|---------------------------|
| o <b>TABLE I</b>         | o <b>TABLE II &amp; V</b> |
| o Endorsement Violations | o None                    |

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# Updated Points Table

## TABLE III

- o Open container DRIVER
- o Operate SB w/door open
- o Use wireless device in bus
- o Use wireless device in zone
- o Standing passenger on bus
- o Child passenger safety seat
- o Disregard warning signs
- o Fail to signal turn
- o Failed to signal lane change

## TABLE IV

- o Driving while impaired
- o Intoxication assault MV

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## 1pt /3years

TABLE I  
SCHOOL BUS DRIVERS' DRIVING RECORD EVALUATION

Assess one (1) penalty point for each conviction if the date of the violation is within three (3) years of the date of the driving record evaluation.

- |  |   |
|--|---|
| Brakes not on all wheels required                    | Muffler violation                                     |
| Carry passenger without a helmet                     | No automatic brake application on breakaway (trailer) |
| Clearance lamps improperly mounted                   | No beam indicator                                     |
| Clearance lights not visible sufficient distance     | No clearance lamps                                    |
| Defective parking lamp(s)                            | No double trailer endorsement (CDL)                   |
| Defective safety glazing material                    | No fire extinguisher                                  |
| Defective stop lamp(s)                               | No front seat belts (when required)                   |
| Defective tail lamp(s)                               | No hazmat endorsement (CDL)                           |
| Defective turn signal lamps                          | No head lamp(s) - not equipped                        |
| Defective windshield wiper                           | No motorcycle endorsement                             |
| Driving safety course sec. 143(a)(1)                 | No mud flaps or improper mud flaps                    |
| Endorsement violation CDL                            | No multiple-beam road lighting equipment              |
| Fail to give info/render aid                         | No parking lamps                                      |
| Hazardous material placard violation                 | No passenger vehicle endorsement (CDL)                |
| Head lamps glaring not adjusted                      | No reflector(s) when required                         |
| Identification lamps not visible sufficient distance | No school bus endorsement (CDL)                       |
| Improper flashing lights                             | No stop lamps   |
| Improper use of back-up lamp                         | No tail lamp(s) - not equipped                        |
| Improperly directed or adjusted lamp(s)              | No tank vehicle endorsement (CDL)                     |
| Mirror violation                                     | No turn signal lamps when required                    |
| More than four driving lamps lighted                 | No white flag on tow chain (or cable)                 |

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**2pts /3years**

**TABLE II  
SCHOOL BUS DRIVERS' DRIVING RECORD EVALUATION**

Assess **two (2) penalty points** if the date of occurrence is within three (3) years of the date of the driving record evaluation. Persons disqualified because of penalty points assessed for crash\* involvement shall be notified of their right to a review. (See below for review procedure)

Accident	Accident non-incapacitating injury
Accident citation issued	Accident non-injury
Accident fatal	Accident no citation issued
Accident incapacitating injury	Accident possible injury

**REVIEW PROCEDURE FOR DISQUALIFICATION APPEAL  
(2 point penalty assessments under Table II)**


Two (2) points shall automatically be assessed for a crash involvement occurring within three (3) years of the date of the driver record evaluation which appears on the driver history record. Applicants disqualified on the basis of penalty points assessed for crash involvements appearing on their driving record may request a review by the person(s) designated by the employer to determine if they were a cause of the crash(es). The applicant must identify the specific crash involvement(s) to be reviewed. Request a copy of the crash report(s) on the approved form. Mail the form to Crash Records, Texas Department of Transportation at the address listed on the form.

The designated person(s) shall review information pertinent to the crash(es), which should include the **Texas Peace Officer's Crash Report**. In examining this report, consideration of such items as Charges Filed, Investigators' Narrative of What Happened, Diagram, and Factors/Conditions Contributing to the Crash should assist in making a determination as to whether or not the assessment of penalty points is appropriate.

If the designated person(s) reviews the crash report and any other pertinent information and determines that the applicant was not a cause of the crash(es), no penalty points should be assessed. If the designated person(s) determines that the applicant was a cause of the crash(es), two (2) penalty points shall be assessed for each crash.

\*The terms "crash" and "accident" shall be used interchangeably.

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**3pts /3years**

**TABLE III  
SCHOOL BUS DRIVERS' DRIVING RECORD EVALUATION**

Assess **three (3) penalty points** for each conviction if the date of violation is within three (3) years of the date of the driving record evaluation.

Allow passenger to stand/sit improperly on a school bus	Cut corner left turn
Bus driver failed to activate warning signal/equipment	Cut in after passing
Bus failed to stop at RR crossing	Did not use designated lane or direction
Bus shifting gears while crossing RR tracks	Display fictitious driver license
Careless driving	Disregard solid green turn signal arrow
Carry motorcycle passenger under 5; except in side car	Disregard warning signs or barricades
Changed lane when unsafe	Disregarded flashing red signal (at stop sign, etc.)
Child passenger safety seat offense	Disregarded flashing yellow signal
Coasting	Disregarded lane control signal
Coasting (truck, truck tractor or bus, specify) with clutch disengaged	Disregarded no lane change sign
Consume alcohol while driving	Disregarded no passing zone
Crossed RR with heavy equipment without notice	Disregarded warning sign at construction
Crossed RR with heavy equipment without stop (or safety)	Drawbar over 15 feet
Crossing fire hose without permission	Drive into block where fire engine stopped
Crossing physical barrier	Driving around barricades
Cut across driveway to make turn	Driver opened door in moving traffic
Disregarded police officer	Drove center lane (not passing, not turning left)
Disregarded RR crossing gate or flagman	Drove on or across streetcar track where prohibited
Disregarded signal at RR crossing	Drove on sidewalk
Disregarded traffic control device	Drove on wrong side—RR crossing
Disregarded turn marks at intersection	Drove on wrong side of approaching bridge

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**10pts /10 years**

**TABLE IV  
SCHOOL BUS DRIVERS' DRIVING RECORD EVALUATION**

Assess **ten (10) penalty points** for each conviction if the date of the violation is within ten (10) years of the date of the driving record evaluation.

Aggravated assault with motor vehicle	Driving while license invalid bond forfeiture
Alcohol beverage code offense	Driving while license disqualified-CMV
Boating while intoxicated	Drug offense
Controlled substance act offense	Drug offense-bond forfeiture
Criminal negligent homicide with motor vehicle-1 <sup>st</sup> or 2 <sup>nd</sup> degree	Fail to stop and render aid-felony
Dangerous drug act offense	Fail to stop and render aid-misdemeanor
Driving under influence	Felony-use of CMV
Driving under influence (DUI)-minor	Felony-use of CMV-controlled substance
Driving while impaired	Intoxication assault
Driving while intoxicated	Intoxication assault motor vehicle
Driving while intoxicated – w/child under 15	Intoxication manslaughter
Driving while intoxicated-probated	Intoxication manslaughter motor vehicle
Driving while intoxicated bond forfeiture	Involuntary manslaughter with motor vehicle
Driving while license invalid	Volatile chemical act offense

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**10pts /10 years**

**TABLE IV  
SCHOOL BUS DRIVERS' DRIVING RECORD EVALUATION**

Assess **ten (10) penalty points** for each conviction if the date of the violation is within ten (10) years of the date of the driving record evaluation.

Aggravated assault with motor vehicle	Driving while license invalid bond forfeiture
Alcohol beverage code offense	Driving while license disqualified-CMV
Boating while intoxicated	Drug offense
Controlled substance act offense	Drug offense-bond forfeiture
Criminal negligent homicide with motor vehicle-1 <sup>st</sup> or 2 <sup>nd</sup> degree	Fail to stop and render aid-felony
Dangerous drug act offense	Fail to stop and render aid-misdemeanor
Driving under influence	Felony-use of CMV
Driving under influence (DUI)-minor	Felony-use of CMV-controlled substance
Driving while impaired	Intoxication assault
Driving while intoxicated	Intoxication assault motor vehicle
Driving while intoxicated – w/child under 15	Intoxication manslaughter
Driving while intoxicated-probated	Intoxication manslaughter motor vehicle
Driving while intoxicated bond forfeiture	Involuntary manslaughter with motor vehicle
Driving while license invalid	Volatile chemical act offense

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**10pts /10 years**

**TABLE V  
SCHOOL BUS DRIVERS' DRIVING RECORD EVALUATION**

Assess **ten (10) penalty points** for each conviction if the date of the violation is within ten (10) years of the date of the driving record evaluation.

ALR CMV disqualification - .04 or more	ALR suspension - failure
ALR CMV disqualification - .04 or more HAZMAT	ALR suspension - refusal
ALR CMV disqualification - refusal	ALR suspension - Under 21 - Refusal
ALR CMV disqualification - refusal - HAZMAT	ALR suspension - Under 21 - Failure


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## Understanding a Motor Vehicle Report (MVR)


**Reminder:**  
Driving records must be checked on each driver at least once a year.

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**TEXAS DEPARTMENT OF PUBLIC SAFETY**  
5805 N. LAMAR BLVD. - BOX 4087 - AUSTIN, TEXAS 78773-0001  
[www.txdps.state.tx.us](http://www.txdps.state.tx.us)

  
 STEVEN C. McCRAW  
DIRECTOR

DRIVER LICENSE DIVISION  
512-424-2600  
EN ESPAÑOL 512-424-7181

  
 DAVID G. BAKER  
CHERYL MacBRIDE  
DEPUTY DIRECTORS

**SCHOOL BUS DRIVER RECORD: 07/18/2016**

- THIS TYPE OF RECORD WILL REFLECT COMPLETION OF A DRIVING SAFETY COURSE.  
- THIS RECORD REFLECTS ENFORCEMENT ACTIONS, CONVICTIONS, AND CRASH INVOLVEMENTS THAT ARE ALLOWED TO BE DISPLAYED BY LAW.

**REQUESTED BY:**  
[REDACTED]

**Date of Birth:** [REDACTED]  
**Sex:** [REDACTED]  
**Eye Color:** BROWN

NO REPORT OF APPROVED DRIVER EDUCATION COURSE.

**DRIVER LICENSE INFORMATION**

Driver License Number: [REDACTED] License Type: CDL License Class: B  
 Date Originally Issued: 07/26/2002 Date Last Issued: 05/02/2016 Date of Expiration: 12/30/2021  
 Restrictions: NONE  
 Endorsements: PASSENGER; SCHOOL BUS

**MEDICAL CERTIFICATE INFORMATION**

CDL Self-Certification Category: NON-EXCEPTED INTERSTATE Medical Certificate Status: CERTIFIED  
 Medical Examiner Name: WILLIAMS, KRISTI  
 Medical Examiner License Number: AP127686 Medical Licensing Jurisdiction: TX  
 Medical Examiner Specialty: AN - ADVANCED PRACTICE NURSE  
 Medical Examiner Telephone Number: (361) 578-0064 Medical Examiner Registry Number: 5432835580  
 Medical Certificate Issue Date: 01/20/2016 Medical Certificate Expiration Date: 01/20/2017  
 Medical Certificate Restriction(s): NONE  
 Waiver/Exempt Effective Date: Waiver/Exempt Expiration Date:  
 SPE Effective Date: SPE Expiration Date:

**REPORT OF APPROVED DRIVER EDUCATION COURSE.**

**Date of Birth:** [REDACTED]  
**Sex:** [REDACTED]  
**Eye Color:** BROWN

**DRIVER LICENSE INFORMATION**

Driver License Number: [REDACTED] License Type: CDL License Class: B  
 Date Originally Issued: 11/16/1984 Date Last Issued: 06/28/2015 Date of Expiration: 07/01/2020  
 Restrictions: IF CMV, SCHOOL BUSES INTERSTATE  
 Endorsements: SCHOOL BUS; PASSENGER

**MEDICAL CERTIFICATE INFORMATION**

CDL Self-Certification Category: EXCEPTED INTERSTATE

**STATUS INFORMATION** Driver eligibility reflects a person's eligibility to drive at the time this document was requested. Administrative Status details additional notes related to the person's record that do not affect driving eligibility.

Driver Eligibility: ELIGIBLE  
 Administrative Status: NONE

**ENFORCEMENT HISTORY** This section displays enforcement actions that may affect a person's eligibility to drive.

ACTION	STATUS	ALR
ACTION 1	EXPIRED	ALR SUSPENSION - FAILURE
Begin Date:	04/12/2006	End Date: 04/11/2007
		State: TX
ACTION 2	EXPIRED	ALR SUSPENSION - FAILURE
Begin Date:	09/19/2003	End Date: 12/17/2003
		State: TX

**EVENT HISTORY** This section displays information relating to convictions, crash involvement, and safety courses completed.

3 pts. **EVENT 1** CONVICTION SPEED 15 MILES OR MORE OVER POSTED LIMIT  
 Offense Date: 11/25/2014 Conviction Date: 12/11/2014  
 City: [REDACTED] State: TX  
 CMV: NO HAZMAT: NO CDL: YES

**EVENT 2** CONVICTION UNSAFE SPEED



## Applicability

- o The school bus driver safety training program is applicable to ALL operators transporting schoolchildren in a school bus, school activity bus, and multifunction school activity bus.
- o Not applicable to a mechanic or other occasional driver who only operates an empty school bus, school activity bus, or multifunction school activity bus.

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## Driver Certification & Recertification Course

- o To obtain full initial school bus driver certification, a person must satisfactorily complete the certification course.
- o Driver certification will remain valid for 3 years
- o Every school bus driver must hold a valid certificate stating they have completed or are enrolled in the course.
- o Any driver whose certification has expired shall **not** operate a school bus, school activity bus or MFSAB.

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- o To avoid a lapse, the recertification must be completed prior to expiration. Once expired, you have 12 months to complete the recertification course. Failure to complete the recertification course during this time frame will require the 20 hour certification course to be taken again.
- o If the recertification course is taken more than 180 days before the expiration date, certification will be renewed for 3 years from the course completion date.
- o If the recertification course is taken during the expired 12 month interval, certification will be renewed for 3 years from the course completion date.
- o Issuance of an enrollment certification during this dormant interval will require completion of the certification course all over again.

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## Enrollment Certificate

- o Must register for the first available 20 hr. course
- o Only valid for 180 days or less
- o Minimum of 5 years must lapse between issuance of consecutive enrollment certificates
- o Enrollment certificates issued to cover an expired certification will require the 20 hour course be taken again. No longer eligible for the 8 hour course.

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# School Bus Safety Standards

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# Purchases of Used School Buses

Used school buses purchased or operated by a public school system in Texas shall meet exceed all Federal and State requirements for public school buses that were in effect in Texas on the date the vehicle was manufactured.

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Prior to the sale, the dealer selling the used school bus must provide the school district with:

- o Documentation of their “Dealer General Distinguishing Number”
- o Documentation of what state the used bus was originally manufactured
- o A copy of the specifications the bus was originally manufactured to
- o Documentation of all modifications made to each bus to bring it into compliance with Texas specifications for the date the bus was originally manufactured

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o Public school districts or contractors must notify the department in writing within 30 days of purchasing any used school bus with the following information:

- o Date of purchase and delivery
- o Name of the dealer and dealer’s General Distinguishing Number
- o Who manufactured the bus, date of manufacture, and to which states’ specifications the bus was manufactured
- o Any used buses found out of compliance with Texas specifications, will be placed out of service by the vehicle’s owner until brought into compliance.

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# School Bus Emergency Evacuation Training

- o School districts and charter schools are encouraged to make a good faith effort to ensure that all students, teachers, and appropriate staff receive the school bus emergency evacuation training at least once each school year.
- o A record of each training session conducted must be submitted to the department no later than 30 days after each session is complete.

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**TEXAS DEPARTMENT OF PUBLIC SAFETY**  
 SCHOOL BUS TRANSPORTATION  
 5805 N. LAMAR BLVD • BOX 4087 • AUSTIN, TEXAS 78752-0525  
 512/424-7399  
[www.dps.texas.gov/schoolbus](http://www.dps.texas.gov/schoolbus)



## Reporting of School Bus Evacuation Training

**Instructions:**  
 Complete form and mail to the address above or e-mail to [sbt@dps.texas.gov](mailto:sbt@dps.texas.gov).

School District Information	
District Number:	
District Name:	
District Mailing Address:	
Telephone Number:	Fax Number:

Reporting Season	
School Year:	
Fall <input type="checkbox"/>	Spring <input type="checkbox"/>

Reporting Numbers for Each Student and Teacher Trained	
Elementary Students:	Middle School Students:
High School Students:	Total Students:
Total Teachers:	Date Training Completed:

**Acknowledgement of Training**  
 By signing this form, you confirm the school district named above has met all requirements set forth by Texas Education Code §34.0021.

Printed Name of Transportation Director or Designee \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Transportation Director or Designee \_\_\_\_\_

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SBT-7 (Revised 10/16)

# Advertising Requirements



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# Applicability

Applicable to all school buses used to transport preprimary, primary, and secondary public school students.

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## Material and Attachment

- o Advertisements must be of a durable material or paint
- o If removed or damaged, bus shall be returned to its original color or the advertisement shall be replaced
- o Advertisements shall not extend from the bus body
- o No brackets or hardware shall be used to hold the advertisements

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## Location

- o The location of the advertisement(s) shall:
  - o Left rear quarter-panel of the bus, at least 3 inches behind the rear wheel & not closer than 4 inches from the lower edge of the window line
  - o Above the windows on the right & left sides of the bus, near the rear of the bus & not to extend forward of the rear axle.
- o Advertisement(s) shall be at least 3 inches from any required lettering, lamp, wheel well, reflector or emergency exit location

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- o Advertisement(s) shall not be placed on or interfere with the operation of any door, window, lamp, reflector, or other device
- o Any reflective tape between the floorline and beltline of the bus that is covered by advertisement should be replaced above or below the advertisement

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## Permitted Space

The maximum covered area allowed for advertising is as follows:

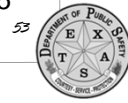
- o Left rear quarter panel – contained within a block 30in. in height & 90in. in length
- o Above the windows (both sides) – contained within a block 18in. in height & 108in. in length per side.


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# Reporting





- o Report advertising to the department on or before September 1 of each year using SBT-10 form
- o Report any crash involving a bus that bears advertising, no more than 5 days from the date of the crash using SBT- 9 form
- o Forms to be submitted via:
  - o Fax: (512) 424-2238
  - o Email: sbt@dps.texas.gov
  - o Mailed: School Bus Transportation, Texas Department of Public Safety, P.O. Box 4087, Austin, Texas 78773-0525




**TEXAS DEPARTMENT OF PUBLIC SAFETY**  
**SCHOOL BUS TRANSPORTATION PROGRAM**  
**NOTIFICATION OF SCHOOL BUS ADVERTISING**

**MAIL TO: SCHOOL BUS TRANSPORTATION, TEXAS DEPARTMENT OF PUBLIC SAFETY, BOX 4087, AUSTIN, TX, 78773-0525**

SCHOOL DISTRICT INFORMATION	
DISTRICT NAME	DISTRICT NUMBER
MAILING ADDRESS	
PHONE NUMBER	FAX NUMBER
NAME OF TRANSPORTATION DIRECTOR OR DESIGNEE	

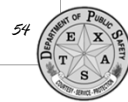
SCHOOL BUS FLEET INFORMATION	
OWNER/LEASEHOLDER	
TOTAL NUMBER OF BUSES BEARING ADVERTISEMENT	
SCHOOL BUS TYPE (check all that apply)	<input type="checkbox"/> TYPE A <input type="checkbox"/> TYPE B <input type="checkbox"/> TYPE C <input type="checkbox"/> TYPE D <input type="checkbox"/> OTHER
   	

DESCRIPTION OF ADVERTISEMENT(S)	
NAME(S) & TYPE(S) OF ADVERTISEMENT	
LOCATION & SIZE OF ADVERTISEMENT (check all that apply)	
<input type="checkbox"/> LEFT REAR QUARTER PANEL OF THE SCHOOL BUS (contained within a block 30" in height and 90" in length)	
<input type="checkbox"/> ABOVE THE WINDOWS ON THE LEFT AND/OR RIGHT SIDE OF THE SCHOOL BUS (contained within a block 18" in height and 108" in length, per side)	
ADDITIONAL COMMENTS REGARDING ADVERTISEMENT(S):	

**NOTE: ALL ADVERTISING SHALL BE IN COMPLIANCE WITH 37 TAC CHAPTER 14, SUBCHAPTER E**

SUBMITTED BY: \_\_\_\_\_ NAME (PRINT) \_\_\_\_\_ TITLE \_\_\_\_\_  
 \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SBT-10 (Rev. 11/09)





Questions???

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## School Bus Contact Information

Rebecca Rocha, School Bus Safety Program Administrator  
Christie Hebert, School Bus Safety Training Specialist

- o DPS School Bus Transportation Webpage  
[www.dps.texas.gov/schoolbus](http://www.dps.texas.gov/schoolbus)
- o E-mail address  
[sbt@dps.texas.gov](mailto:sbt@dps.texas.gov)
- o Office Phone Numbers  
(512) 424-7396 or (512) 424-7395

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# Commercial Drivers License Contact Information

## Commercial Drivers License Questions

- E-mail address  
[PublicInquiries.DLD@dps.texas.gov](mailto:PublicInquiries.DLD@dps.texas.gov)
- Cynthia Allison, State CDL Coordinator – Austin Headquarters  
(512) 424-5755 [cynthia.allison@dps.texas.gov](mailto:cynthia.allison@dps.texas.gov)

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# CDL Contacts - Regional 1A

- **Salestus Winkley, Manager**  
[salestus.winkley@dps.texas.gov](mailto:salestus.winkley@dps.texas.gov) (214) 861-2115
- Kimberley Stevens, Assistant Manager  
[kimberley.stevens@dps.texas.gov](mailto:kimberley.stevens@dps.texas.gov) (214) 861-2117  
DL Offices: Canton, Dallas East, Emory, Garland, Greenville,  
Rockwall, Terrell
- Amy Anderson, Assistant Manager  
[amy.anderson@dps.texas.gov](mailto:amy.anderson@dps.texas.gov) (214) 861-2116  
DL Offices: Cedar Hill, Irving, Plano

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## CDL Contacts - Regional 1A (continued)

- Valerie Franklin, Assistant Manager  
[valerie.franklin@dps.texas.gov](mailto:valerie.franklin@dps.texas.gov) (903) 939-6017  
DL Office: Carthage, Clarksville, Daingerfield, Gilmer,  
Henderson, Jacksonville, Kilgore, Linden, Longview, Marshall,  
Mount Pleasant, New Boston, Quitman, Sulphur Springs,  
Texarkana, Tyler
- Richard Souder, Assistant Manager  
[richard.souder@dps.texas.gov](mailto:richard.souder@dps.texas.gov) (214) 861-3701  
DL Office: Garland DL Center
- Lillian Spencer, Assistant Manager  
[lillian.spencer@dps.texas.gov](mailto:lillian.spencer@dps.texas.gov) (469) 567-4351  
DL Office: Dallas South

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