Mountain State
Educational Services Cooperative

New School Bus Operator Request for Training / Release of Information

Date	County
Applicant Full Name, Including suffix (ex. Jr., Sr.)	
Address	
City	State/Zip
Home Phone	Cell Phone
Email	Class Start Date

The county school system indicated above has interviewed and submitted the applicant as a viable candidate for bus operator training through Mountain State Educational Services Cooperative (MSESC). The county school system named above also agrees to provide payment for all services and training as requested.

County Transportation Director Signature _____

The candidate named above releases all information required for pre-employment evaluations pertaining to bus operator training/certification to the MSESC Bus Operator Training Administrator including the following:

- X Motor Vehicle Record Check
- X DOT Physical Examination
- X Urine Drug Screen (Modality FMCSA)
- X Breath Alcohol
- X CIB/FBI Results

Applicant's Signature:_____ Date:____/____/____

Please email or mail completed form to

MSESC Bus Operator Training Administrator

Applicant only needs to Print and Sign name.

DMV-101-PS2 REV 09/17

West Virginia Department of Transportation

Division of Motor Vehicles

Driving Record Release Authorization

Call: (304) 926-3952 Fax: (304) 957-7584
Email: DMVDrivingRecordFax@wv.gov

NOTE: Complete this form if you are requesting DMV to release your driving record to anyone other than yourself. This form must be submitted to the DMV Driving Records Section in the Kanawha City DMV Headquarters and cannot be processed in any DMV Regional Office.

I, _____
PLEASE PRINT YOUR NAME

(X) _____
PLEASE SIGN YOUR NAME

hereby authorize the West Virginia Division of Motor Vehicles to release any of my information found within the Division's records to:

_____
INDIVIDUAL NAME AND/OR COMPANY NAME IF APPLICABLE

Those requesting information must complete the *request for driving records form* (DMV-101-PS1) and *this form* (DMV-101-PS2), or the request will not be processed. The individual to whom the information is being released must include a copy of their state government issued ID or driver's license.

PLEASE CHECK THE APPROPRIATE FEES

- ☐ **$7.50** – *Driving record with driver's license number*
- ☐ **$8.50** – *Driving record without driver's license number*
- ☐ **$7.50** – *Message forwarding service*
- ☐ **$.25 per page** – *Copy of suspension/revocation/disqualification file*

PLEASE CHECK THE APPROPRIATE ADMINISTRATIVE HEARING DOCUMENT FEES

- ☐ **$30.00** – *Copy of recorded testimony in CD format*
- ☐ **$1.50 per page** – *Copy of transcript of hearing*
- ☐ **$.25 per page** – *Copy of suspension/revocation/disqualification file*

Office of Certification
Building 6, Suite 550
1900 Kanawha Boulevard, East
Charleston, WV 25305
(304)558-7010

West Virginia DEPARTMENT OF EDUCATION

REV 20251031

1. Form BOC - Applicant Information

Social Security Number _____

Gender: Check One ☐ Male ☐ Female ☐ Prefer Not to Answer

US Citizen: ☐ Yes ☐ No

Military Service: ☐ US Veteran or ☐ Spouse of US Veteran

Birth Date (MM-DD-YYYY) _____

Last Name _____ First Name _____ MI _____ Previous Last Name (or Maiden) _____

(If your name has changed since your last application, **proof of name change must be attached**, e.g. copy of marriage certificate, etc.)

Street Address _____ City _____ State _____ Zip Code _____

Primary Phone _____ Secondary Phone _____

Email (Required) _____ Operator/ID License Number _____

Are you employed by a West Virginia School System? (Circle Yes / No) If YES, please indicate the school system: _____

Indicate Race and Ethnicity (Check all that apply)

☐ Hispanic	☐ White	☐ Asian	☐ Black/African American
☐ Middle Eastern/North African (MENA)	☐ American Indian/Alaskan Native	☐ Native Hawaiian/Other Pacific Islander	

3. Applicant Signature

I swear or affirm under the penalty of false swearing that all information provided in or with this application is true, correct, and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions of fact in or with this application are grounds for denial, suspension, or revocation of the certification that I am seeking or currently hold. The WVDE collects personal and non-personal information. Any information submitted or on record may be open to public inspection and/or publication as per our privacy policy located on our website.

Signature of Applicant _____ Date _____

4. Fingerprinting Information

Fingerprinting instructions at https://wvde.us/certification/certification-info/application-forms/first-time-application/

☐ I will complete at background through IdentoGo. All bus driver applicants must have fingerprints processed by IdentoGo (https://www.identogo.com). A fingerprint service code will be sent to your e-mail once the application is received by the WVDE.

5. Superintendent / Transportation Director Recommendation

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application. When necessary, I have included documentation verifying this information. I have reviewed the disclosure of background information, and, to the best of my knowledge, the applicant is of good moral character and is physically, mentally, and emotionally qualified to perform the assigned duties. I recommend that s/he be granted certification.

Signature of Superintendent/Transportation Director, Designee _____ County _____ Date _____

2. Disclosure of Background Information

If you answer yes to any question below, submit a narrative with your application. The narrative should include dates, locations, school systems, and any/all other information that explains the circumstance(s) in detail.	YES	NO	Previously Submitted
1) Have you ever had adverse action taken against any application, certificate, or license in any state? Adverse action includes but is not limited to the following: letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, or cancellation.			
2) Have you ever been disciplined, reprimanded, suspended, or discharged from any employment because of allegations of misconduct?			
3) Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct?			
4) Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency?			
5) Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony?*			
6) Have you ever been arrested, charged with, or convicted of a misdemeanor? (For the purpose of this application, minor traffic violations should not be reported.) Charges or convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or other drugs (DUI) must be reported.*			

*For a YES response to items 5 and 6, the following must be included for all charges, including those that have been dismissed:

1) Charging Document; and

2) Judgement Order; or

3) Final Disposition; and

4) All other relevant court documentation.

West Virginia DEPARTMENT OF EDUCATION

Certification Services
Building 6, Suite 550
1900 Kanawha Boulevard,
E. Charleston, WV 25305
Telephone: 304-558-7010
Fax: 304-558-7843

Form BOC - Application for Bus Operator Certification

Rev 10.31.2025

Social Security Number:_____

Last Name:_____ First Name:_____ MI:_____

Employment History

Employer Name	Employer Address	Date of Employment (From/To)	Reason for Leaving

Traffic Violations (List All Traffic Violations Within the Past Five Years)

ALL moving violations must be reported.

This includes charges or convictions of driving while intoxicated (DWI), driving under the influence of alcohol or drugs (DUI) and reckless driving.

Violation	Location	Date

* Attach additional sheets if necessary

Please Circle Only One of the Options Listed Below

Do you have a current CDL License? If so, list the state.	Yes	State:	No
Do you currently have a valid operator license? If so, list the state.	Yes	State:	No

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E. Charleston, WV 25305
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Fax: 304-558-7843

Rev 10.31.2025

Form 7 — Bus Driver Applicant Consent/Release of Background Results

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Consent Agreement

Police records: I hereby request a record check be made to find any police record on me, the individual named below, and by submitting this request, I understand that the submitted information will be retained by the West Virginia State Police in the Automated Fingerprint Identification System. I am authorizing that the results of the record check be released to the West Virginia Department of Education (WVDE) for official business purposes. **Other Information:** I hereby authorize any representative of the WVDE bearing this release or a copy of this release to obtain information pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records regarding me. This release is executed with the full knowledge and understanding that the information is for the WVDE's official use. I further consent to the WVDE providing such information to any out-of-state educational agency should I apply for licensure in that state or already have been issued a license in such state. I further consent to the WVDE furnishing such information described above to third parties if necessary to the WVDE fulfilling its official responsibilities regarding my West Virginia application upon execution by such third parties confidentiality agreement. I hereby release any individual, agency and institution from any and all liability for damages of whatever kind which may result from comply-ing or attempting to comply in good faith with this authorization and request to release information. I may be contacted at the address indicated below should there be any questions as to the validity or authenticity of this release. I have read the attached privacy statement. As per Title 28.CFR, 16.34, you have the right to challenge the completeness or accuracy of your criminal history record by contacting the Federal Bureau of Investigation (FBI) directly. To challenge your WV State Police Criminal History Record, please visit https://www.wvsp.gov and complete a WVSP 136A form.

Applicant Consent

_____
Printed Full Legal Name

_____

_____
Current Address

_____ _____
Signature Date

Verification of Notary Public (Required)

_____ _____
State County

Taken, Subscribed and Sworn Before Me this _____ Day of _____, 20_____.

My Commission Expires _____.

Seal

_____
Signature of Notary Public

Applicant Consent/Release of Information to County Board of Education

☐ Check this box to release the results of the WV State Police criminal history background check to a county board of education for purposes of employment.

I understand according to W. Va. Code §18A-3-10, upon my written consent to the WVDE and within ninety (90) days of the State Police finger-print analysis that the results of said analysis may be provided to a county board of education with which I am applying for employment without further cost to me. I understand that if I do not consent, I will have to undergo an additional state check for employment as per W. Va. Code §18-5-15c and I may be responsible for the cost of the background check.

APPLICANT INITIAL HERE: ☐

West Virginia County Board of Education Request for Criminal Identification Bureau Results

I verify that the individual identified below will be hired or has been hired by the

_____ County Board of Education or will be placed in one of the county's schools to complete a student teaching experience. I am requesting that the results from the CIB be forwarded to this office if the applicant has undergone a background check for a certification within the last ninety (90) days and has consented to their release.

_____
Name of Individual

_____
Social Security Number

_____ _____
Signature of Transportation Director / Superintendent Date

Requirement

According to W. Va. Code §18-A-3-10, any applicant for an initial license issued by the West Virginia Department of Education (WVDE) shall be fingerprinted by the West Virginia State Police in accordance with West Virginia Board of Education Policy 5202 in order to determine the applicant's suitability for licensure. The fingerprints shall be analyzed by the State Police for a state criminal history record check through the central abuse registry and then forwarded to the Federal Bureau of Investigation (FBI) for a national criminal history record check. Information contained in either the central abuse registry record or the FBI record may form the basis for the denial of a certificate for just cause. The applicant for initial certification pays for the cost of obtaining the central abuse registry record and the FBI record. Upon written consent to the WVDE by the applicant and within ninety days of the state fingerprint analysis, the results of a state analysis may be provided to a county board with which the applicant is applying for employment without further cost to the applicant. Information maintained by the WVDE or a county board of education which was obtained for the purpose of the criminal history check is exempt from the disclosure provisions of chapter twenty-nine-B of West Virginia Code. Nothing in this section prohibits disclosure or publication or information in a statistical or other form which does not identify the individuals involved or provide personal information.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

WVSP 136A
Revised 02/12

CHALLENGE OF CRIMINAL HISTORY RECORD

To: West Virginia State police
Criminal Identification Bureau
725 Jefferson Road
South Charleston, WV 25309

From: _____
(Name)
_____
(Address)
_____, _____
(City) (State) (Zip)

_____ _____
(Social Security Number) (Date of Birth)

Enclosed please find the required process fee of **$20.00**
Made payable to: The Superintendent, West Virginia State Police

I have reviewed my criminal record at _____ (Agency) and find that certain entries originating in your agency are significantly inaccurate or incomplete in the following particulars:

Record now reads:
Record entry number: _____ Date: _____
Charge: _____ Date: _____
Disposition: _____ Date: _____

Record should read:
Record entry number: _____ Date: _____
Charge: _____ Date: _____
Disposition: _____ Date: _____

Basis for Challenge:
_____
_____
_____

_____ **I have attached and signed a (n) additional sheet(s) describing other claimed errors in my records originating in your agency.**

Right Index Fingerprint

_____
(Signature) **(Date)**