

**ANNUAL REPORT OF APPOINTMENT OF  
SCHOOL BUS SAFETY COORDINATOR**

R-390 Rev. 7-2013

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**



**INSTRUCTIONS:**

1. Complete entire report - one for each coordinator, please print or type
2. Send to DMV prior to commencement of the school year
3. Report changes to DMV by mail within 10 days

**MAIL TO: DMV DRIVER ED UNIT, 60 STATE STREET, ROOM 305, WETHERSFIELD CT 06161**

**PART I**

<b>SCHOOL YEAR:</b>		<b>TERM OF APPOINTMENT:</b>		<b>TYPE OF REPORT:</b>	
FROM:	TO:	FROM:	TO:	<input type="checkbox"/> ANNUAL <input type="checkbox"/> CHANGE (Describe change)	
NAME OF CARRIER/LOCAL-REGIONAL BOARD OF EDUCATION			FULL NAME OF AUTHORIZED CONTACT PERSON		
BUSINESS STREET ADDRESS			FULL TITLE OF AUTHORIZED CONTACT PERSON		
CITY/TOWN/STATE/POSTAL CODE			BUSINESS PHONE	CELL PHONE	
MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS			E-MAIL ADDRESS	FAX NO.	
CITY/TOWN/STATE/POSTAL CODE			FULL NAME OF SAFETY COORDINATOR		

**PART II**

FULL NAME OF SAFETY COORDINATOR		DATE OF BIRTH	IF CERTIFIED INSTRUCTOR, ID NO.		
STREET ADDRESS <i>(Home)</i>		OPERATOR LIC. NO.		LAST PROF. TEST DATE (S ENDORS.)	
MAILING ADDRESS IF DIFFERENT FROM STREET ADDRESS		LICENSE CLASS	ENDORSEMENTS	RESTRICTIONS	
CITY/TOWN/STATE/POSTAL CODE		DAYTIME TELEPHONE NO.		E-MAIL ADDRESS	

**PART III**

SIGNATURE OF AUTHORIZED CONTACT PERSON		DATE SIGNED	SIGNATURE OF SAFETY COORDINATOR		DATE SIGNED
SIGNATURE OF MASTER INSTRUCTOR		MI ID NO.			DATE SIGNED

**PART IV - FOR DMV USE ONLY**

DMV STAFF	DMV STAFF TITLE	APPROVAL GRANTED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE
REASON FOR DENIAL OF APPLICATION			

- (a) ***Each carrier which is not an individual person shall appoint one or more safety coordinator(s) who shall be responsible for carrying out the duties imposed on the carrier in accordance with the requirements of Sections 14-275c-46 through 14-275c-53 of these regulations. The safety coordinator(s) shall also serve as the carrier's contact person for the department with respect to driving qualifications. Each carrier required to appoint a safety coordinator(s) shall report to the commissioner annually in writing prior to the beginning of each school year the name, address and telephone number of its safety coordinator(s), and shall notify the commissioner in writing of any change in the information so reported.***
- (b) ***Any local or regional board of education or other authority responsible for primary, secondary or special education whose carriers are individual persons shall appoint a safety coordinator having the same duties as specified in subsection (a) of this section. Each authority required to appoint a safety coordinator shall report to the commissioner annually in writing prior to the beginning of each school year the name, address and telephone number of the safety coordinator so appointed, and shall notify the commissioner in writing of any change in the information so reported.***  
***(Effective January 25, 1994)***