



APPLICATION FOR SCHOOL BUS CONTRACTOR'S LICENSE

CHP 296 (Rev. 4-12) OPI 062

Please print or type

REASON FOR APPLICATION <input type="checkbox"/> Initial license (\$100.00) <input type="checkbox"/> New license – majority change in ownership or control (\$100.00) <input type="checkbox"/> Renewal (\$75.00) <input type="checkbox"/> Late renewal (\$100.00) <input type="checkbox"/> Duplicate-license lost or destroyed (\$5.00) <input type="checkbox"/> Replacement – correction or change of name and/or address only (no fee, attach current license) <input type="checkbox"/> Amended – minority change in ownership or control (no fee)	APPLICANT NAME (COMPANY NAME)		FEDERAL EMPLOYER I.D. NUMBER (EIN) (IF NONE, LEAVE BLANK)		
	OWNERSHIP INFORMATION (MARK ONLY ONE) <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL - PROVIDE DRIVER'S LICENSE NUMBER AND STATE:		SOCIAL SECURITY NUMBER (SSN) (MUST BE PROVIDED FOR INDIVIDUALS)		
	IF THIS IS A NAME CHANGE, ENTER PREVIOUS NAME		PHONE NUMBER		
	ADDITIONAL NAME THE COMPANY IS DOING BUSINESS AS (IF NO DBA LEAVE BLANK)		MAIL LICENSE ATTENTION:		
	MAIN OFFICE STREET ADDRESS		CITY	STATE	ZIP CODE
	MAILING ADDRESS (If different from applicant address)		CITY	STATE	ZIP CODE
CALIFORNIA CORPORATION NUMBER	CALIFORNIA CARRIER IDENTIFICATION NUMBER	CHP SCHOOL BUS CONTRACTOR LICENSE NUMBER AND EXPIRATION DATE	PUC AND/OR US DOT NUMBER(S)	TOTAL SCHOOL BUSES OPERATED	

APPLICANT BACKGROUND

	YES	NO
a. Has the applicant ever been issued a similar license by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government? (Other than a renewal of this license) If "yes" explain on reverse.		
b. Has the applicant ever had any license denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government? If "yes" explain on reverse.		
c. Has the applicant ever been a partner, officer, director or controlling shareholder in a company or corporation whose license was denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or federal government? If "yes" explain on reverse.		
d. Has the applicant, a partner, officer, director or controlling stockholder (if a corporation or partnership) ever been convicted of any offenses? (Traffic violations involving fines or forfeitures of bail of \$50.00 or less need not be reported) If "yes" explain on reverse.		

PRINT OR TYPE NAME AND TITLE OF EACH OWNER, PARTNER, OFFICER, DIRECTOR OR CONTROLLING SHAREHOLDER.	PRINT OR TYPE THE NAME OF EACH CALIFORNIA SCHOOL DISTRICT, INCLUDING COUNTY, AND CONTACT NAME AND PHONE NUMBER(S) FOR WHOM YOU PROVIDE CONTRACTED SERVICE. (USE BACK OF APPLICATION IF NECESSARY)

APPLICATION CERTIFICATION

It is agreed that the licensed activity will be conducted in compliance with all applicable laws and regulations, and that the applicant is aware of all applicable California laws and regulations pertaining to motor carrier safety and student transportation. It is understood that violation of any law or regulation may result in the filing of a criminal action in a court of law or the filing of an administrative action to suspend or revoke the license. It is also understood that misrepresentation of a material fact in conjunction with this application is a misdemeanor of the California Vehicle Code and may result in denial or revocation of the license. State law allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the Department and requires a licensee to pay any state tax obligation, or their license may be withheld or suspended if the state tax obligation is not paid.

AUTHORIZED CERTIFIER'S SIGNATURE	PRINT OR TYPE NAME AND TITLE	DATE
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CHP USE ONLY

DATE	AMOUNT	CHECK DATE	CHECK NUMBER
CASHIER		ISSUE DATE	EXPIRATION DATE
LICENSE NUMBER	CA NUMBER	LOCATION CODE	CONTROL NUMBER

LICENSEE NAME AND MAILING ADDRESS	INSTRUCTIONS TO APPLICANT MAIL THE ORIGINAL COMPLETED FORM(S) WITH REQUIRED FEE TO: