

APPENDIX C: APPLICATION FORMS RELATING TO 7D LICENSES & 7D VEHICLES



7-D SCHOOL PUPIL TRANSPORT CERTIFICATE APPLICATION

For an original license, bring completed application to a branch.
For a renewal, mail completed application to the address below.

Massachusetts Registry of Motor Vehicles - Vehicle Safety and Compliance Services
P.O. Box 55892 Boston, Massachusetts 02205-5892 Attention: 7-D Licensing 617-351-9333

Check One: **Original - \$15.00 Fee** **Renewal - \$15.00 Fee** **6 Month Certificate - \$7.50 Fee**
(Applicants 70+ years of age, insulin-dependant diabetics, or applicants who have had a hypoglycemic episode or spell)

Important: 1.) A 7D School Pupil Transport Medical Certificate and CORI Request Form must be completed and submitted with this application.
2.) If you currently reside out-of-state, or are an initial applicant who has relocated from another state/country, a certified driving record and criminal background check from that state/country (no more than thirty (30) days old), must be submitted with this application.
3.) This application *must* be typed or printed in ink, signed, and dated. An incomplete application will delay processing. The applicant *must* have a valid driver's license at the time of application and the application fee *must* be paid by check or money order only (payable to MassDOT).

Driver License No.

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 Date of Birth ____/____/____ Sex M F

License Class: _____ State of Issuance _____ Expiration Date ____/____/____

Soc. Sec. No. ____-____-____ License Restrictions (List) _____

Last Name	First Name	MI	Telephone No.	State
Mailing Address	City	State	ZIP	
Residential Address (if different from above)	City	State	ZIP	
Name of Employer	Address of Employer	Employer's Telephone No.		

Indicate "yes" or "no" by placing an X in the proper block. If necessary, use a separate sheet of paper and attach.

1. Is your operator's license or right to operate under suspension or revocation at this time, in Massachusetts or in any other state or country?
 YES NO If "yes," identify the state or country in which the license or right to operate is suspended or revoked and identify the agency which took such action by name and address. Further, please indicate the date of the action and the period of suspension (if not revoked).

2. Have you ever admitted to sufficient facts on, or been convicted of any crimes, including motor vehicle violations (except parking fines), in Massachusetts or in any other state or country?
 YES NO If "yes," specify the nature of the violation, the name and address of the Court, the disposition of the charge and the date of the disposition.

3. Are you currently on parole or serving a court ordered period of probation?
 YES NO If "yes," identify by name and address the Parole Board, Probation Department, or Court overseeing your parole or probation and the conviction relating to such parole or probation.

4. Are you now enrolled in or have you ever been assigned to an alcohol or drug education or rehabilitation/treatment program in Massachusetts or in any other state or country?
 YES NO If "yes," identify the program by name and address and indicate whether you have completed the program along with the date of completion. If you did not complete the program, or if you are still enrolled in the program, please explain.

5. Have you ever been convicted of the crime of rape, unnatural act, sodomy, or the use, sale, manufacture, distribution, possession with intent to distribute, or trafficking of any of the controlled substances as listed in Massachusetts General Laws (MGL) Chapter 94C, Section 31?
 YES NO If "yes," identify the court in which you were convicted by name and address, the charge you were convicted of, the date of the conviction, and the disposition entered.

6. Are you required to register as a sex-offender in the Commonwealth of Massachusetts? YES NO

7. Are you registered as a sex-offender in the Commonwealth of Massachusetts? YES NO

8. Have you been convicted within the preceding five years of operating a motor vehicle while under the influence of intoxicating liquor, or of marijuana, narcotic drugs, depressants or stimulant substances, as defined in Massachusetts General Laws, Chapter 94C, Section 1, or the vapors of glue?
 YES NO Note: For purposes of question 6 only, any person who consented to have any such case disposed of under the provisions of Massachusetts General Laws, Chapter 90, Section 24D, shall be deemed to be convicted.

If "yes," identify the court in which you were convicted by name and address, the charge you were convicted of, the date of the conviction, and the disposition entered.

9. Has your current license been in effect continuously for three (3) years preceding this Application? Note: A certified out-of-state driving record or Criminal Offender Record Information (C.O.R.I.) check may be required. YES NO If "no," please explain.

Note: Upon review of the application, including the information provided by the applicant and information obtained from independent sources, the Massachusetts Registry of Motor Vehicles (RMV) reserves the right to require additional information to supplement or clarify a response or to obtain a response where none was provided. The RMV may deny an applicant a Section 7D School Pupil Transport License if the Registrar determines that: (1) the applicant has a driving history that demonstrates an inability to safely and responsibly transport school pupils; (2) the applicant is not medically fit for such a license; (3) the applicant lacks "good moral character"; or (4) the law prohibits the issuance of such license to the applicant.

Applicant's Signature is Required or Application Will Be Returned

I hereby certify that the information provided in this application is true, accurate, and complete, and I authorize the physician completing the 7D School Pupil Transport Medical Certificate to discuss and release any or all medical records pertaining to its content with or to representatives of the Registry of Motor Vehicles (RMV).

Applicant's Signature

Date

False statements are punishable by fine, imprisonment, or both (Chapter 90, Section 24.)

This area for RMV Branch use only

Approved Denied

Written Exam: Pass Fail

Examiner's ALARS ID

Examiner's Signature

Branch Location

Date

Branch Personnel: After grading this **Original Application**, the application, along with the required check or money order for \$15.00 payable to MassDOT, must be sent to Vehicle Safety and Compliance Services. Inform the customer that, if it is sent via the courier, it may take several weeks for the customer to receive his/her 7D license. If the customer does not want to wait that long, instruct him/her to mail the application and check or money order to the address on the front of this application.

7D School Pupil Transport Medical Certificate

(Physician's Use Only)

This Medical Certificate **must be completed and signed by a physician**, and you must submit it, along with the 7D School Pupil Transport Certificate Application, within 90 days of the date the physician signed the certificate.

Applicant's Name _____ DOB ____ / ____ / ____ Social Security No. _____

1. (a) Does the applicant have a distant visual acuity of at least 20/40 (Snellen) in each eye, with or without corrective lenses (excluding bioptic telescopic lenses)?
 YES NO
- (b) Does the applicant use corrective lenses (excluding bioptic telescopic lenses) for driving?
 YES NO
- (c) Does the applicant have a combined horizontal peripheral field of vision of not less than 120 degrees in both eyes (combined)?
 YES NO
- (d) Can the applicant distinguish the colors red, green, and amber?
 YES NO
2. Can the applicant perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500Hz, 1000 Hz, and 2000Hz with or without a hearing aid when the audiometric device is calibrated to the American National Standard?
 YES NO
3. Does the applicant have a diagnosed respiratory disease/disorder?
 YES NO
If "Yes" does the applicant have an O₂ saturation rate of greater than 88%, at rest or with minimal exertion, with or without supplemental oxygen?
 YES NO
4. If currently diagnosed as having diabetes: NOT APPLICABLE, go to question #5
(a) Has the applicant ever had a hypoglycemic episode or spell?
 YES NO
(b) Is the applicant insulin dependent?
 YES NO
If "Yes" to either a or b, the applicant must submit a Diabetes Medical Evaluation Form completed by a medical doctor board certified or board eligible in endocrinology.
5. (a) Does the applicant have an implanted cardiac defibrillator?
 YES NO
If yes, the applicant must submit a Cardiovascular Medical Evaluation Form completed by a medical doctor.
(b) Is the applicant classified as a Class III or Class IV heart patient according to the American Heart Association's functional guidelines for classifying heart disease?
 YES NO
6. Is the applicant currently diagnosed with epilepsy?
 YES NO
7. (a) Does the applicant have any loss or impairment of foot, leg, fingers, hand, or arm likely to interfere with safe driving?
 YES NO
(b) Does the applicant have any other physical condition likely to interfere with safe driving?
 YES NO
8. Does the applicant have any mental, nervous, organic, or functional disease likely to interfere with safe driving?
 YES NO
9. Does the applicant have any contagious or communicable disease?
 YES NO
10. Is the applicant addicted to the use of narcotics or habit forming drugs or tranquilizers or stimulants or the excessive use of alcoholic beverages or liquors?
 YES NO

Additional Comments: _____

Physician **MUST** check-off one box and provide signature

PLEASE CHECK ONE OF THE FOLLOWING CATEGORIES:

I hereby certify that in my professional opinion and to a reasonable degree of medical certainty,

- The applicant named above is medically qualified to operate a school pupil transport vehicle safely and fulfill all of the duties and responsibilities associated with such operation.*
- The applicant named above is NOT medically qualified to operate a school pupil transport vehicle safely.*

I hereby certify that the information provided herein is true, accurate, and complete:

Licensed Physician's Name (print) _____ Street Address & City _____

Note: Nurse Practitioner signatures are **not** allowed.

Signature _____ Registration # _____ Date _____ Telephone # _____



RMV CORI REQUEST FORM
Section 7D Vehicle Applicant

The Massachusetts Registry of Motor Vehicles (RMV) has been certified by the Massachusetts Criminal History Systems Board (CHSB) for access to conviction and pending criminal case data known as *Criminal Offender Record Information* or CORI. The RMV requires a CORI check for each applicant for a driver license under M.G.L. Chapter 8A ½ to operate School Pupil Transport Vehicles (Section 7D vehicles). The RMV will submit your name and the information below to the CHSB and request that it perform a CORI check to ensure you are eligible for such license.

Your application will not be considered unless it includes your consent to the CORI review.

Consent:

I understand that a *Criminal Offender Record Information* (CORI) check will be conducted of my background for convictions and pending criminal case information only and that it will not necessarily disqualify me. By my signature below, I acknowledge and consent to this CORI check and understand that a new CORI check will be required prior to each renewal (if a license is approved). The information I have provided below is correct to the best of my knowledge.

Signature of Applicant _____ Printed Name (First, Middle and Last Name) _____

Maiden Name or Alias _____ Place of Birth (City & State) _____ Date of Birth _____

Mother's Maiden Name _____ Applicant's Social Security Number _____ ID Theft Index PIN* (if applicable) _____

Current Address: No. & Street _____ Apt or Unit No _____ City/town _____ State & Zip Code _____ How long? _____

Previous Address: No. & Street _____ Apt or Unit No _____ City/town _____ State & Zip Code _____ How long? _____

Your Description: Sex: ___ M ___ F _____ Height: ___ ft. ___ in. _____ Weight: _____ lbs. _____ Eye Color: _____

Your Driver's License No. _____ State of Issue: _____ Expiration Date: _____

FOR INTERNAL USE ONLY:

Date Received by RMV: _____ Received by: _____

* The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this ID Theft Index PIN No. field are required to be submitted to the CHSB via mail.



**Registry of Motor Vehicles/Department of Public Utilities
School Bus and School Pupil Transport (7D) Operator
Diabetes Medical Evaluation Form**

Driver Instructions: Please fill in your personal information below.

License Number: _____ DOB (MM/DD/YY) _____

Name: Last: _____ First: _____ M.I. _____

Address: Street: _____ City/State: _____ ZIP: _____

Endocrinologist Instructions: The following section is to be completed only by a board certified or board eligible endocrinologist.

This applicant is applying for a license to drive school pupils in Massachusetts. The applicant either uses insulin to manage her/his diabetes or has had a serious hypoglycemic event in the past. Under the Code of MA Regulations (540 CMR 2.15), people who use insulin or who have not had a serious hypoglycemic event in the last 3 years are eligible to drive school pupils if they meet certain standards. This applicant is asking you to determine whether s/he meets those standards.

For this evaluation, a **serious hypoglycemic event** is defined as an episode of hypoglycemia so severe that it interfered with ongoing activities or required the assistance of another person.

Hypoglycemic unawareness is defined as the inability to recognize the early symptoms of hypoglycemia such as sweating, anxiety, forceful heartbeat, light-headedness, and/or confusion.

The applicant's examination is valid for 6 months from the date the examination was performed. Applicants are required to submit a new examination to the Registry of Motor Vehicles or Department of Public Utilities every 6 months from the date the former examination was performed.

1) I am board-certified in endocrinology OR I am board-eligible in endocrinology.
If you are neither board-certified nor board-eligible, do not complete this assessment.

2) Date of Applicant's Physical Examination (MM/DD/YY) _____

3) I am familiar with the patient's medical history for the past 3 years, either through actual treatment over that time or through consultation with a physician who has treated the applicant during that time. Review of a complete written medical history for the past 3 years may be substituted for actual consultation with the other physician. YES NO

4) The applicant is diagnosed with *hypoglycemic unawareness*. YES NO

5) If the applicant is on insulin to control her/his diabetes, the insulin regimen is stable as of the date of this examination. NA YES NO

6) In the past 3 years, the applicant has experienced a *serious hypoglycemic event* or altered consciousness as a result of her/his diabetes. YES NO

7) The applicant has complications of diabetes, such as neuropathy, visual impairment, or cognitive impairment that will adversely affect her/his ability to operate a school bus or a school pupil transport vehicle. YES NO

- 8) The applicant has been educated in diabetes and its management by a National Standard for Diabetes Self-Management Education Program. S/he was thoroughly informed of and understands the procedures which must be followed to monitor and manage her/his diabetes and what procedures should be followed if complications arise. YES NO

The Applicant is required to review and sign below in the presence of the Endocrinologist.

I understand that in order to keep my Massachusetts license or certification to drive school pupils I must adhere to the following conditions:

- ✓ I will carry, use, and record in a log, the readings from a portable self-monitoring blood-glucose device (SMBG) that is equipped with a computerized memory to store the date and time of each test. Paper tapes generated by SMBGs with printing capability may be kept instead of a driver's log.
- ✓ I understand that blood glucose monitoring must be performed immediately prior to driving a school bus or a school pupil transport vehicle and every 4 hours thereafter while on duty.
- ✓ Log records of blood glucose values (with time and date) must be available to law enforcement or authorized Registry personnel upon request. Log records must also be submitted to my certifying endocrinologist for each renewal application.
- ✓ I will carry upon my person at all times and use, as necessary, a source of rapidly absorbable glucose.
- ✓ I will not operate a school bus or a school pupil transport vehicle unless my blood glucose level is between 80 and 350 immediately before driving;
- ✓ I understand that if my blood glucose level is between 60 and 79 then I cannot drive school children until it falls between 80 and 350.
- ✓ I understand that if my blood glucose level falls below 60, I cannot drive school children until I am certified as "safe to operate" by a Massachusetts board certified or board eligible endocrinologist.
- ✓ I understand that if my blood glucose level is 350 or more, I cannot operate a school bus or school pupil transport vehicle until I am certified as "safe to operate" by a Massachusetts board certified or board eligible endocrinologist.
- ✓ I will report and surrender my 7D School Bus Certificate immediately to the Registry of Motor Vehicles or the Department of Public Utilities if a *serious hypoglycemic event* occurs.
- ✓ I will submit a glucose log within 15 days of a *serious hypoglycemic event* to the treating endocrinologist.
- ✓ Every six months I will review my status with my endocrinologist and will complete a new form indicating that I understand and will adhere to the special conditions of my 7D School Bus Certificate.

Applicant's Signature: _____ **Date:** _____

Endocrinologist's Information

Name (please print)

Medical License Number

Address (Street, City, Zip)

Phone Number

I attest that have witnessed the signing of this applicant and find, to a reasonable degree of medical certainty, the applicant is safe to operate a vehicle transporting school pupils as outlined in regulation 540 CMR 2.15.

Endocrinologist's Signature: _____ **Date:** _____



**Registry of Motor Vehicles/Department of Public Utilities
School Bus and School Pupil Transport (7D) Operator
Cardiovascular Medical Evaluation Form**

Description: This form is a supplement to the RMV 7D-School Pupil Transport Certificate and the *DPU Bus Driver Certificate Application* and must be submitted by an applicant for a School Pupil Transport or School Bus Driver Certificate who has an implanted cardiac defibrillator (AICD).

Instructions: The form must be completed in its entirety and signed by a medical doctor. The form must then be submitted in conjunction with a completed *7-D School Pupil Transport Certificate Application*.

Driver Instructions: Please fill in your personal information below.

Name: _____ License Number: _____
 Address: _____
 City/Town: _____ State: _____ Zip Code: _____

Physician Instructions: The following section is to be completed only by a licensed physician.

The above applicant is applying for a license to drive school pupils in Massachusetts. The applicant has an implanted cardiac defibrillator (AICD). Under the Code of MA Regulations (540 CMR 2.15), people who have an implanted cardiac defibrillator are eligible to drive school pupils if they meet certain standards. This applicant is asking you to determine whether s/he meets the following standards.

1) The AICD was implanted for a "sudden death event" and has not fired in a six-month period.

YES NO Date AICD was implanted: _____

2) The AICD was implanted for prophylactic reasons and has not fired in a six-month period.

YES NO

3) The applicant is classified as either AHA functional Class I, Class II, or does not have heart disease.

YES NO

4) To a reasonable degree of medical certainty, the applicant is medically qualified to operate a school bus or school pupil transport vehicle safely and fulfill any and all of the duties and responsibilities associated with such operation.

YES NO

Physician's Information

Name (please print)

Board of Registration in Medicine Number

Address (Street, City, Zip)

Phone Number

I attest that, to a reasonable degree of medical certainty, the applicant is safe to operate a vehicle transporting school pupils as outlined in regulation 540 CMR 2.15.

Physician's Signature: _____ **Date:** _____

Supplemental Registration Application for 7D School Pupil Transport Vehicle

Massachusetts Registry of Motor Vehicles (RMV)

Vehicle Safety and Compliance Services

P.O. Box 55892 Boston, MA 02205-5892

Tel: 617-351-9345

Name of 7D Applicant (same as name of 7D vehicle registrant).

Mailing Address _____ City _____ State _____ Zip Code _____

Business Address _____ (if different) _____ City _____ State _____ Zip Code _____

Tel No: _____ Cell Tel No: _____ Fax Tel No: _____

I certify that I have read the "7D Vehicle Information and Licensing" leaflet and I understand its contents.

Authorized Signature of Applicant

Printed Name

Title/Position

Date

Return to the Address Listed Below

Return this ORIGINAL, Completed Form to:

In Person: RMV, Vehicle Safety & Compliance Services, 25 Newport Ave Ext, North Quincy, MA 02171; or

By Mail: RMV, Vehicle Safety & Compliance Services, P.O. Box 55892 Boston, MA 02205-5892; or

By FAX: RMV, Vehicle Safety & Compliance Services, FAX No. 617-351-9362.

For RMV Use Only:

Date Received: _____

Tracking No.: _____

Region: _____

Date Approved: _____

Date Denied: _____

