

## 7D School Pupil Transportation Certificate

### Checklist

Only original forms will be accepted. Do Not Send Copies

#### APPLICATION/RENEWAL:

- All applications must be filled out completely
- The application must be signed by the applicant
- The appropriate fee in a check or money order must be enclosed. (\$15.00 for 1-year certificate; \$7.50 for 6-month certificate when applicable)
- Only original forms will be accepted. Do Not Send Copies
- The transportation company that you are employed by, or expect to be employed by, must be filled out with name, address, phone and email
- If an **INITIAL** applicant, who has **relocated** from another state/country,
  - o Include Certified Out-of-State Driving Record effective within the preceding 90 days of submission of application
  - o Include Certified Out-of-State Criminal Record Report effective within the preceding 90 days of submission of application

#### CORI FORM:

- The CORI form must be filled out completely; 2-pages
- The CORI form must accompany your application; 2-pages

#### PHYSICAL FORM:

- The RMV medical form must be included with your application
- All medical form questions must be answered
- The medical exam must have been conducted and dated within the preceding 90 days of the submission of application
- The medical results must be reviewed for any disqualifications
- The Medical Doctor (MD or DO) must sign, date with title, Reg # and state

#### Current Out of State Applicant:

- Include Certified Out-of-State Driving Record effective within the preceding 90 days of submission of application. (Screen prints are **not** accepted.)
- Include Certified Out-of-State Criminal Record Report effective within the preceding 90 days of submission of application.

**If the Checklist is not complete, there will be a delay in processes of certificate**

**Keep a copy of all forms**

FOR QUESTIONS OR ASSISTANCE, PLEASE CALL Vehicle Safety & Compliance Services @ 857-368-8130

# 7D School Pupil Transportation Certificate

## *Application*

Mail complete application to:

Registry of Motor Vehicles – Vehicle Safety & Compliance Services  
 P.O. Box 55892  
 Boston, MA 02205-5892  
 Attn: 7D- Licensing

This Application must be filled out COMPLETELY.  
 Please refer to the *7D Checklist* to ensure you submit a complete application.  
 Only original forms will be accepted. Do Not Send Copies.  
**An Incomplete application will delay processing.**

CHECK ONE:  **6-Month \$7.50** (*Applicants 70+ years of age, insulin-dependant diabetics, or applicants who have had a hypoglycemic episode*)  **Initial/Annual \$15.00**  **Renewal/Annual - \$15.00**

Driver License # 

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 Date of Birth: \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Sex: M  F  License Class: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Expiration: \_\_\_\_\_

7D Certificate Expiration: \_\_\_\_\_

Last Name	First Name	M
Residential address	City	State Zip
Mailing address (if different)	City	State Zip
E-Mail Address	Phone	
Employer Name	Address	City State Zip
Employer E-Mail address	Employer Phone #	

**THIS INFORMATION IS GIVEN UNDER THE PENALTIES OF PERJURY:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR QUESTIONS OR ASSISTANCE, PLEASE CALL  
 Vehicle Safety & Compliance Services  
 857-368-8130



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS

## Criminal Offender Record Information Acknowledgement Form

### CORI

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

**MassDOT, RMV Division** is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified license applicants and current licensees.

As a license applicant or current licensee I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **MassDOT, RMV Division** to submit a CORI check for my information to the DCJIS.

This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **MassDOT, RMV Division** with written notice of my intent to withdraw consent to a CORI check.

#### FOR LICENSING PURPOSES ONLY:

The **MassDOT, RMV Division** may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that the **MassDOT, RMV Division**, must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate. I understand that a CORI check will be conducted of my background for convictions and pending criminal case information only. By my signature below, I acknowledge this CORI check and understand that a new CORI will be required prior to each renewal (if a license is approved).

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*Signature of CORI Subject*

*Date*



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services**

200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS

**CORI-Form page 2**

**SUBJECT INFORMATION**

Please complete this section using the information of the person who's CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\_\_\_\_\_  
*Signature of CORI Subject*

\_\_\_\_\_  
*Date*

# 7D School Pupil Transportation Certificate

## Medical Form

Only original forms will be accepted. Do Not Send Copies.

I hereby authorize the physician completing this form to discuss and release any or all medical records pertaining to its content with or to representatives of the Registry of Motor Vehicles.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

This form must be **COMPLETED** by a **MEDICAL DOCTOR** who is licensed to practice in Massachusetts  
**\*Nurse Practitioner or Physician Assistant is NOT Accepted\***

Patient Information: Name \_\_\_\_\_ DOB \_\_\_\_\_  
License# \_\_\_\_\_

1. Distant Visual Acuity (Snellen): Left eye: (OS)20/ \_\_\_\_\_ Right eye: (OD) 20/ \_\_\_\_\_

Does the applicant use corrective lenses for driving? YES \_\_\_ NO \_\_\_  
(If applicant uses corrective lenses for driving, please specify visual acuity above as corrected with Rx)

Combined horizontal peripheral field of vision, must be NOT LESS THAN 120 combined (Record in degrees.): \_\_\_\_\_

Is the applicant able to distinguish the colors red, green and amber? YES \_\_\_ NO \_\_\_

2. **Hearing:** Can the applicant perceive a forced **whispered voice** in the better ear at not less than **5feet** 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 **Respiratory Disease/Disorder**? YES \_\_\_ NO \_\_\_

If "YES" does the applicant have an O<sub>2</sub> saturation rate of greater than 88%, at rest or with minimal exertion, with or without supplemental oxygen? YES \_\_\_ NO \_\_\_

4. If currently diagnosed with having **Diabetes**? NO \_\_\_ NOT APPLICABLE **go to question #5**

Has applicant ever had a **hypoglycemic episode** or spell? YES \_\_\_ NO \_\_\_

Is the applicant **insulin dependent**? YES \_\_\_ NO \_\_\_

If "**YES**", to either above, the applicant must submit a "**Diabetes Medical Evaluation Form**" completed by a **medical doctor Board Certified or Board eligible in Endocrinology**.

5. 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.
6. Is the applicant currently diagnosed with **Epilepsy**? YES \_\_\_ NO \_\_\_
7. Does the applicant have any **loss or impairment** of foot, leg, fingers, hand, or arm likely to interfere with safe driving? YES \_\_\_ NO \_\_\_
8. Does the applicant have any other physical condition likely to interfere with safe driving? YES \_\_\_ NO \_\_\_
9. Does the applicant have any **mental, nervous, organic, or functional disease** likely to interfere with safe driving? YES \_\_\_ NO \_\_\_
10. Does the applicant have any **contagious or communicable diseases**? YES \_\_\_ NO \_\_\_
11. Is the applicant addicted to the use of **narcotics** or habit forming or **tranquilizers** or **stimulants** or the excessive use of **alcoholic beverages** or **liquors**? YES \_\_\_ NO \_\_\_

12. Please check **ONE BOX** below:

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

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Licensed Physician's Name \_\_\_\_\_ Ph# \_\_\_\_\_  
 (print)

Street Address, City & State \_\_\_\_\_  
 (print)

Signature \_\_\_\_\_ Reg # \_\_\_\_\_ Date \_\_\_\_\_