SS-106(01/19)

SCHOOL BUS CERTIFICATION DRIVER ROSTER

NJMVC
New Jersey Motor Vehicle Commission

PAGE ____ OF ____

DATE: _____

Contractor Name: _____ Address: _____ Company Email Address: _____ Phone No.: _____

County Name:	Corp. Code:	District/Private School Name:	Code:	Code:

Terminal ID: _____ Team No.: _____

Last Name:	First Name:	M.I.	Driver's License Number	Expiration Date:	Type:	Endr:	Restr:	Medical Rpt:	70	75	Fingerprints	D/L Comments: