



Master Operator Certification Program

Instructions: Please fill out the form entirely and attach any applicable documents. Candidates must meet all of the eligibility requirements and have the agency's recommendation for enrolling in the Master Operator Certification Program.

Candidate Information

First Name:	MI:	
Last Name:		
Current Employer Name:		
Current Employer Contact Person:	Contact Person Phone:	

Program Eligibility Section: You must check each box for the following questions to be eligible for the program.

- I have a valid CDL or Colorado Drivers' License
- I have a current DOT Medical Certification Card or I am not required to obtain one for my drivers' license
- I have at least 2,100 driving hours of a transit vehicle.
- I have acceptable attendance according to my agencies policies
- I have had no preventable (as defined by my agency) accidents in the past 2,100 hours of driving.
- I have successfully completed all of the following Core training classes:
 - PASS
 - Defensive Driving
 - CPR/First Aid

Required Documents: The following documents must be attached to the application.

- I have attached training certifications for all of the Core training classes above.
- I have attached a copy of my valid CDL or Colorado Drivers' License.
- I have attached a copy of current DOT Medical Certification Card or I am not required to obtain one for my drivers' license.

Candidate Statement: Please state (in a few sentences) why you are interested in obtaining a Master Operator Certification.

Candidate Acknowledgement:

- I understand that I must meet all of the program requirements to be eligible for the Master Operator Certificate.

Candidate Signature: _____

Date: ____/____/____
MONTH DAY YEAR

THIS SECTION IS TO BE COMPLETED BY THE AGENCY

- Candidate has the required 2,100 driving hours of a transit vehicle.
- Candidate has no preventable accidents (as defined by our agency) in the past 2,100 hours of driving
- Candidate has completed all Core training classes
- Candidate has acceptable attendance according to our policies
- Agency recommends this candidate for the Master Certification Program

Agency Representative Printed Name: _____

Signature: _____

Date: _____