



Motor Carrier Attachment 19:
MSDE Driver Disqualification Form
Baltimore, MD; 11/1/2016
HWY17MH007
(3 pages)



Maryland State Department of Education
Division of Business Services
Pupil Transportation Unit

EXAMPLE
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Disqualified Employees - *View Page*

Social Security #: _____

Employee Information:

Name	DLicence	State	Title	LEA
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Drugs and Alcohol Disqualification:

Testing Date	Test Positive For	Reason For Test	Test Result
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Other Reasons for Disqualification:

- Driving Record
- Criminal Conduct
- Unsafe Actions
- Accidents
- Other Administrative Action
- Reason for Disqualification: N/A

Supervisor: _____
 Date of Disqualification: _____
 Date Signed: _____
 Date Added: _____

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Maryland State Department of Education
CONFIDENTIAL
School Vehicle Driver, Attendant, and Taxi Driver
Disqualification Form

EXAMPLE
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The following person was found in violation of one of the requirements under COMAR 13A.06.07, and is disqualified to operate a school vehicle in Maryland.

(Part I)

Name of Local School System: _____

Employee's Job Title (Check (✓) one): School Vehicle Driver School Vehicle Attendant Taxi Cab Driver

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Driver's License Number: _____ (If appl.) State: _____

(Part II)

Drugs and Alcohol Disqualification

Date of Testing: - -

(Month-Day-Year)

Date of Disqualification: - - *

Reason for Test: Random Post-Accident Pre-Service Reasonable Cause

Nature of Test Results: Refused Did Not Show for Test Tested Positive

Tested Positive or Collection for: Alcohol Drug

* This form must be completed and sent to the Department within three (3) days of receipt of positive test results to the address listed below.

(Part III)

Reasons for Disqualification

Check Reason for Disqualification: Driving Record Criminal Conduct Unsafe Actions* Accidents

Other Administrative Action

Specify Reason for Disqualification: _____

Date of Disqualification: - -

*Any local school system has the discretion to reinstate an individual disqualified for Unsafe Actions under COMAR 13A.06.07.07D and COMAR 13A.06.07.08C, of this section, by submitting a letter in writing to the Department's Office of Pupil Transportation.

(Part IV)

The above information will be entered into the Department's database. The supervisor of transportation shall notify the Department's Office of Pupil Transportation of a driver or attendant disqualification under Part III within 30 days of receipt of the driver or attendant notification of the disqualification.

Supervisor or Designee Signature: _____

Date signed: _____

If Designee, Print Name _____

Maryland State Department of Education
Office of Pupil Transportation - 8th Floor
200 West Baltimore Street
Baltimore, Maryland 21201-2595
410-767-0217 (Office) - 410-333-2232 (Fax)