



**Motor Carrier Attachment 8:
BCPS Request for Information Form**

Baltimore, MD; 11/1/2016

HWY17MH007

(4 pages)

BALTIMORE CITY PUBLIC SCHOOL SYSTEM
DEPARTMENT OF PEPL TRANSPORTATION
SAFETY OFFICE
REQUEST FOR INFORMATION

DATE: 5/23/16

TO: SAFETY OFFICE

CONTRACTOR: Reliable

DRIVER MONITOR
(CIRCLE or UNDERLINE ONE)

I would like you to check the file for GLENN R. Chappell. The
Social security number is [REDACTED] (Date of Birth [REDACTED]). This
person worked for AAA Fordable Transportation

The above person needs the following:

- Physical (Driver) Expires _____ Expired _____
- MVA Record (complete 36 month _____)
- Expires _____ Expired _____
- Copy of CDL with "P & S" endorsements
- Pre-service _____
- _____ Certification Expires _____
- Pre-employment drug test results (Must have actual results to attend class).
- Criminal Background Check (completed by B.C.P.S.S)
- Social Security Card _____
- Currently Certified Driver _____ Monitor _____

****If you hire the above person DO NOT forget to send in an Add/Delete form. ****
****Must bring Social Security Card to Pre-service Class. ****
****Criminal Background Check (Can be completed in class or sent before class.)**

_____ MSDE database checked

Thank You,

*Bcps staff signs only *

BALTIMORE CITY PUBLIC SCHOOL SYSTEM
DEPARTMENT OF PUPIL TRANSPORTATION & GENERAL SERVICES
SAFETY OFFICE
INFORMATION NEEDED TO COMPLETE AN APPLICATION FOR
CRIMINAL BACKGROUND REQUEST

All information must be completed
PLEASE PRINT CLEARLY

Contractor: Reliable Date: 5/23/10

Name: Chappell Last Glenn First Ronie Middle (FULL NAME)

Maiden Name: _____

Current Address: _____

City, State, Zip code: Baltimore, Md 21239

Telephone Number: _____ Evening Number: same

Date of Birth: _____

Place of Birth: Maryland (STATE)

Citizenship: yes (COUNTRY)

Color of your eyes: D. Brown Color of your hair: D. Brown

Height: 5 ft 11 Weight: 190 Sex: male

Race: Black

Social Security Number: _____

Maryland Driver License Number: _____

Circle One: School Bus Driver School Bus Monitor Taxi Cab Driver
I certify that the above information was completed by and states the truth about myself.

Signature: [Signature]

OFFICE USE ONLY _____ DO NOT WRITE BELOW

Tracking Number: _____

BALTIMORE CITY PUBLIC SCHOOL SYSTEM
DEPARTMENT OF PEPL. TRANSPORTATION
SAFETY OFFICE
REQUEST FOR INFORMATION

DATE: 5/23/16

TO: SAFETY OFFICE

CONTRACTOR: Reliable

DRIVER MONITOR
(CIRCLE or UNDERLINE ONE)

I would like you to check the file for GLENN R. CHAPPEL. The

Social security number is [REDACTED] Date of Birth [REDACTED]. This

person worked for AAA Forcible Transportation

The above person needs the following:

- Physical (Driver) Expires Expired
- MVA Record (complete 36 month)
 - Expires Expired
- Copy of CDL with "P & S" endorsements
- Pre-service.
- Certification Expires
- Pre-employment drug test results (Must have actual results to attend class).
- Criminal Background Check (completed by B.C.P.S.S)
- Social Security Card
- Currently Certified Driver Monitor

If you hire the above person **DO NOT forget to send in an Add/Delete form. **

**Must bring Social Security Card to Pre-service Class. **

**Criminal Background Check (Can be completed in class or sent before class.)

MSDB database checked

Thank You,

[REDACTED SIGNATURE]
Hops staff sign only