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## NYS School Bus Driver Instructor of the Year Nomination Documentation

Nominee's Name \_\_\_\_\_

Currently Active as an SBDI? Yes No (circle one) If no, how long inactive?

SBDI approval date \_\_\_\_\_

**List** the significant contributions this SBDI has made to New York's school transportation safety program, which have enhanced school bus safety in New York. Where possible, distinguish between "State" and "Local" contributions. Why is this individual deserving of this statewide recognition?

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*(Use additional paper/documentation if you wish)*

**List** the school transportation organizations whose purpose or effort is to enhance school transportation safety in New York or other organizations whose purpose is to enhance the skills of instructors and trainers of which the nominee is a member; include special committees or contributions the nominee has made to each organization.

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**Supporting Documentation** - Please submit four (4) letters of reference (2 of which are from school bus drivers or attendants) and a copy of the nominee's driver abstract (not more than 3 months old).

**Name and phone number** of contact person for questions about this nomination.

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**Send completed applications (by May 15<sup>th</sup>) with required documentation to:**

Pupil Transportation Safety Institute  
10 Adler Drive, Suite 102, East Syracuse, NY 13057  
Questions? Call 800-836-2210