



SCHOOL BUS SAFETY VIOLATION NOTIFICATION

California law (California Education Code §39843) requires the county superintendent of schools, the superintendent of a school district, a charter school, or the owner or operator of a private school that provides transportation to or from a school or school activity to notify the Department of Motor Vehicles (DMV) within 5 calendar days of a disciplinary hearing resulting in a determination that a driver left a student unattended on a Schoolbus, School Pupil Activity Bus, or Youth Bus which amounted to gross negligence.

IMPORTANT NOTICE: Do not use this form to report drivers terminated for other reasons involving pupil transportation safety, but continue to use form Dismissal For Reason Involving Pupil Transportation Safety (DL 128) for such actions.

Additional copies of this form may be obtained on the DMV web site at www.dmv.ca.gov.

Please mail this completed form to the following address:

Department of Motor Vehicles Driver Safety Services Unit, MS J234 PO Box 942890 Sacramento, CA 94290-0001

Please type or print legibly the following information.

FULL NAME OF DRIVER	DRIVER LICENSE NUMBER	DRIVER BIRTH DATE	DATE STUDENT LEFT ON BUS	DATE OF DISCIPLINARY HEARING
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Complete the checklist below (if all	boxes cannot be ch	ecked, do not s	submit this form):	
☐ Driver left a student unattended ab of the vehicle.	oard a Schoolbus, Sch	nool Pupil Activit	y Bus, or Youth Bus and	l left the immediate vicinity
☐ A disciplinary action was ordered bargaining agreement.	and upheld in comp	liance with disc	iplinary procedures gra	anted by law or collective
\square A finding was made that the action	constituted gross neg	ligence.		
Please provide details regarding the if necessary.)	e incident that result	ed in the repor	ted disciplinary action	n: (Use additional sheets
EMPLOYER INFORMATION				
EMPLOYER INFORMATION NAME OF REPORTING EMPLOYEE	TITLE		WORK TELEPHONE N	UMBER
	TITLE		WORK TELEPHONE N	UMBER
NAME OF REPORTING EMPLOYEE	TITLE		WORK TELEPHONE N	UMBER
NAME OF REPORTING EMPLOYEE COMPANY NAME/SCHOOL DISTRICT NAME COMPANY ADDRESS/SCHOOL DISTRICT ADDRESS I certify (or declare) under the pen		the laws of th	()	
NAME OF REPORTING EMPLOYEE COMPANY NAME/SCHOOL DISTRICT NAME COMPANY ADDRESS/SCHOOL DISTRICT ADDRESS		the laws of th	()	