

New York State Education Department

SBDI/MI Advisory Committee Application

The SBDI/MI Advisory Committee serves the New York State Education Department by reviewing and recommending curricula, procedures, policies, and instructional practices that support the safe transportation of students through effective training programs for school bus drivers and attendants. The committee also provides guidance on the School Bus Driver Instructor (SBDI) and Master Instructor (MI) programs that develop and support those training programs.

The committee consists of approximately 21 members and meets four times each year at the State Education Department in Albany. In addition to the work conducted by the full committee, members may also serve on one or more subcommittees that focus on specific areas of program development and support. Regular attendance and active participation in committee meetings are expected.

The committee is comprised of both School Bus Driver Instructors (SBDIs) and Master Instructors (MIs) who are selected to represent the geographic, professional, and cultural diversity of New York State. Members serve staggered three-year terms to ensure continuity and maintain institutional knowledge.

If you are an active SBDI or MI in good standing and are interested in serving a three-year term on this important committee, please complete the following application and submit it no later than June 30, 2026.

Name: _____ SBDI/MI #: _____
Daytime phone: _____ Email Address: _____
Mailing address: _____
Employer: _____

Please describe why you believe you would be a valuable member of the SBDI/MI Advisory Committee and how your experience and expertise would contribute to the committee's mission.

Applicant Acknowledgement

By signing below, I acknowledge and agree to fulfill the responsibilities of serving on the SBDI/MI Advisory Committee. I understand that committee members are expected to attend the four annual meeting days and actively participate in any assigned subcommittee work or other committee-related activities as necessary.

Printed Name

Signature

Date

Employer Acknowledgement and Support

As the employer of the above-named applicant, I acknowledge the responsibilities associated with serving on the SBDI/MI Advisory Committee and agree to release the employee from their regular duties to attend four full-day committee meetings annually. I further support their participation in assisting the New York State Education Department with the planning, development, and continuous improvement of school bus safety and training programs.

Printed Name

Signature

Date

Please Return this form to: New York State Education Department
89 Washington Avenue, Room 1060-EBA
Albany, NY 12083
Attn: David Elliott