OREGON DEPARTMENT OF EDUCATION
Public Service Building
255 Capitol Street NE
Salem, OR 97310

Pupil Transportation & Fingerprinting Unit
503-947-5600
FAX 503-378-5156
buslicense@ode.oregon.gov

APPROVAL REQUEST FOR DRIVERS OF TYPE 10 PUPIL TRANSPORTING VEHICLES

Section 1 - Applicant Information

Last Name	First Name	Middle Initial	Gender	Date of Birth

Other Names Previously Used (Separated with Commas)	Social Security Number (See Notice below)

Driver's Mailing Address	Driver's License Number	State of Issue

City	State	Zip Code	Have you held a license in a state other than Oregon within the past three years? ☐ NO ☐ YES If yes, list state(s) and provide a copy of the out-of-state DMV report:

Driver's Email Address

*****IF DRIVER'S LICENSE IS NOT ISSUED FROM OREGON, ATTACH A CURRENT DMV REPORT FOR THE ISSUING STATE PRINTED WITHIN THE LAST 30 DAYS*****

Notice for Social Security Statement

Providing your social security number on this form is voluntary.
If you choose to not disclose your social security number, this will not be a basis for denial of your certificate or any rights, services or benefits to which you are otherwise entitled.
If you do provide your number, it will be used as an additional identifier to search for any criminal record you may have. Your social security number will not be used for any other purpose. State and federal laws protect the privacy of your records.

Applicant's Advisory Statements

This application is submitted with the full knowledge that any false or willful concealment of any material fact is sufficient grounds for refusal to issue or revocation of certificate. I understand the Oregon Department of Education will review my driving and criminal records to determine compliance with all requirements. Applicant is entitled to review his/her criminal history for inaccurate or incomplete information. In order to do this, the applicant will need to contact Oregon State Police (OSP) and ask to speak with someone about obtaining a Copy of their Own Record (COR). I HEREBY GRANT THE OREGON DEPARTMENT OF EDUCATION PERMISSION TO CHECK DRIVING AND CRIMINAL RECORDS TO BE IN ACCORDANCE WITH OAR 581-053-0050.

I acknowledge reading and the receipt of the Social Security Statement and Applicant's Advisory Statement.

Signature, Applicant _____ Date _____

Section 2 - Transportation Entity (School District, Private School, Headstart, ESD)

THIS SECTION IS TO BE COMPLETED BY THE REQUESTING SCHOOL OFFICIAL ONLY.

_____
Transportation Entity in which the driver transports for (School District, Private School, Headstart, ESD)

I CERTIFY that the above person has received training and testing required for the type of vehicle the persons will drive as prescribed in OAR 581-053-0320, except for first aid training (OAR 581-053-0003) which will be completed within 120 days of this approval. I will immediately notify the Department of Education if there is reason to believe any change in driving or criminal records has occurred that could affect the above listed persons' ability to meet the required licensing provisions.

SIGNATURE MAY NOT BE SAME AS SECTION 1.

Check if driver will perform home-to-school transportation: ☐

_____ _____ _____
Print Name, Authorized School or Transportation Official | Signature, Authorized School or Transportation Official | Date

Return Email Address for Results _____

ODE USE ONLY

An **"OK"** following approval reply, applicant is approved as a Type 10 pupil transporting vehicle driver as long as they remain in compliance with all rule requirements or until termination of employment from the district submitting approval list . A **"No"** following approval reply, applicant does not meet the standards established by OAR Chapter 581, Division 053 for a Type 10 pupil transporting vehicle driver at this time.

_____ ***Approval Reply*** _____ _____
Signature, ODE Official | **Date**

This form must be type-filled for processing. Handwritten forms will be returned for revision.