

REQUEST TO CHANGE DRIVER CERTIFICATION OR PERMIT INFORMATION

Section 1 - Current Driver Information

Driver Type: **Bus Driver** **Type 20 Driver** **Type 10 Driver** **SPAB Driver**

Last Name (Print)		First Name		Middle Initial	
Other Names Previously Used (Separated with Commas)					
Driver's Mailing Address				Gender	Date of Birth
City	State	Zip	Driver's License Number		State of Issue

I understand that any fraudulent application for, or alteration of a certificate or permit, failure to give correct information in this application, or permitted misuse of a certificate or permit, are grounds for revocation of my Oregon School Bus Driver Certificate or Permit.

Signature, Driver _____ Date _____

Section 2 - Driver Status/ Change Request

Option 1 - Deactivate Driver - This is no longer an active driver for this Transportation Entity (School District, Private School, Headstart, ESD)
 *This is the only change available for Type 10 Drivers.

Option 2 - Duplicate Certificate Request
 *This option is only available for Type 20 Drivers and SPAB

Option 3 - Information Update - Changes to Section 1
 *Driver must hold a Permit/Certificate that has not been expired for one year or greater.

Option 4 - Employee Transfer and/or Activate Driver- Duplicate Certificate will be issued for valid Certificates only
 *Driver must hold a Permit/Certificate that has not been expired for one year or greater.

New/Current Transportation Entity (School District, Private School, Headstart, ESD)	New/Current Contractor (if applicable)
Former Transportation Entity (School District, Private School, Headstart, ESD)	Former Contractor (if applicable)

Option 5 - Change Passenger Capacity or GVWR - Duplicate Certificate will be issued
 *The upgrade training must take place after the Skills Test Completion date from their Certificate or Permit application

New Passenger Capacity:	New GVWR:	Upgraded Training Completion Date:
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I certify that the above applicant has passed a skills test as required by Oregon Administrative Rules.

Print Name, Behind-the-Wheel Trainer/Tester _____ Signature, Behind-the-Wheel Trainer/Tester _____ Date _____

Section 3 - Supervisor Certification

TO BE COMPLETED BY SCHOOL DISTRICT TRANSPORTATION OFFICE or SCHOOL BUS CONTRACTOR

Transportation Entity (School District, Private School, Headstart, ESD) _____ Contractor (if applicable) _____

Print Name, Transportation Supervisor or Designee _____ Signature Transportation Supervisor or Designee _____ Date _____

Return Email for Certificate _____