

## 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
Driver's Email Address				

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/Activity/SPAB Driver Certificate or Permit.

Signature, Driver \_\_\_\_\_ Date \_\_\_\_\_

### Section 2 - Driver Status/ Change Request

Option 1 - Deactivate Driver - No longer an active driver for this Transportation Entity (School District, Private School, Headstart, ESD)

\*This is the only change available for Type 10.

Option 2 - Duplicate Certificate Request

\*This option is only available for SPAB Drivers

Option 3 - Portal Activation

\*This option is only available for Type 20 Drivers and Bus Drivers

Option 4 - Information Update - Changes to Section 1

\*Driver must hold a Permit/Certificate that has not been expired for one year or greater.

Option 5 - 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 6 - 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 in which the driver transports for (School District, Private School, Headstart, ESD) \_\_\_\_\_

Contractor (if applicable) \_\_\_\_\_

Print Name, Supervisor or Designee \_\_\_\_\_

**SIGNATURE MAY NOT BE SAME AS SECTION 1.**

Signature, Supervisor or Designee \_\_\_\_\_

Date \_\_\_\_\_

Return Email Address for Certificate \_\_\_\_\_