

TYPE 20 CERTIFICATE APPLICATION PACKET INFORMATION

OAR 581-053-0050 states, in part, that an applicant will be REFUSED a Type 20 driver's certificate or a current certificate will be SUSPENDED or REVOKED if applicant or driver:

- (a) Has ever been convicted of a crime listed in ORS 342.143 (Forever Crime); or,
- (b) Is currently subject to mandatory registration reporting as a sex offender in this state or any other jurisdiction; or,
- (c) Has ever been convicted of a crime involving violence, threat of violence or theft. This shall not apply if the applicant or driver has been free from custody, probation and parole for the preceding three-year period from date of application; or,
- (d) Has ever been convicted of a crime involving activity in drugs or alcoholic beverages. This shall not apply if the applicant or driver has been free from custody, probation, and parole for the preceding three-year period from date of application; or,
- (e) Has had his or her driving privileges suspended by any state, within the preceding three-year period, for a cause involving the unsafe operation of a motor vehicle or because of driving record.
- (f) Is required to use an ignition interlock device (IID).
- (g) Has been convicted within the preceding three-year period of:
 - (A) Driving under the influence of intoxicants, as defined in ORS 813.010;
 - (B) Reckless driving, as defined in ORS 811.140;
 - (C) Fleeing or attempting to elude a police officer, as defined in under ORS 811.540;
 - (D) Failure to perform the duties of a driver involved in an accident or collision which results in injury or death of any person, as described in ORS 811.705; or
 - (E) An equivalent out of state conviction for any of the above.
- (h) Has had his or her driving privileges revoked or suspended as a habitual offender under ORS 809.600. This shall not apply if applicant or driver has had his or her driving privileges restored under ORS 809.660 for the preceding three years;
- (i) Has a driving record for the preceding three-year period that has an accumulation of 31 or more points based upon the following point system:
 - (A) Each chargeable accident shall have a value of 10 points. Applicable traffic code and preventability guidelines published by the National Safety Council and the Pupil Transportation Safety Institute may be used to determine if an accident is chargeable; and
 - (B) Each of the traffic violations on Table 1 shall have a value of 10 points.
 - (C) One point shall be subtracted from the total number of points for each full month, since the last chargeable accident or conviction, to the time of driving record check; however, all subtracted points will be reinstated if any additional qualifying convictions or chargeable accidents occur within the three-year calculation period.

PROCEDURE FOR OBTAINING A TYPE 20 CERTIFICATE

NOTE: This form uses passenger capacity for defining the type of certificate.

Vehicles that hold 15 people including the driver are considered an 11-14 PASSENGER capacity vehicle.

APPLICANT

1. Obtain "Type 20 Certificate Application Packet" from your employer. This packet contains the instruction sheet, application, and skills test.
2. Fill out application. Complete all of Section 1. (NAME MUST BE THE SAME AS ON DRIVER'S LICENSE.)
3. Applicants who have held driver's licenses in other states in the last three years may be required to provide copies of their driving records from those states. The record shall be no older than thirty days.
4. INCOMPLETE APPLICATIONS WILL BE RETURNED.

SCHOOL DISTRICT OR CONTRACTOR

1. Secure "Type 20 Certificate Application Packets" from the Oregon Department of Education.
2. When the application is returned to you by the driver, check for completeness and accuracy. THE NAME APPEARING ON THE APPLICATION **MUST** BE THE SAME AS ON THE DRIVER'S LICENSE. Secure necessary signatures, and submit the application to the Oregon Department of Education. INCOMPLETE APPLICATIONS WILL BE RETURNED.
3. Maintain training records for each driver to verify that required training and testing has been completed.
4. If driver has held driver's license in another state within the last three years, attach the out-of-state driving record abstract.

INSTRUCTIONS FOR COMPLETING APPLICATION FORM

Be certain that the proper Sections are completed for the type of application checked in Section 1.

Temporary or emergency requests may not be processed for a Type 20 driver. Please allow 1-2 weeks for processing.

Original Certificate or Renewal

For a first time certificate or if a certificate has been expired for more than 12 months:

- Section 2 Enter capacity of the bus and date of test. Requires signature of a state-certified, behind-the-wheel trainer. Include a copy of the Type 20 Skills Test with application.
- Section 3 Enter date of signature. Requires signature of person responsible for evaluating the applicant's job performance (e.g., superintendent, supervisor, trainer.) ODE will send certificates or responses to the email address provided.
The signature must not be the same as the applicant.

OREGON DEPARTMENT OF EDUCATION

1. Upon receipt of completed application, the Oregon Department of Education will check the applicant's driving record and criminal record.
2. If the applicant's driving and criminal records are satisfactory, the certificate will be issued.

NOTE TO EMPLOYER: Always retain a copy of the completed application as documentation in the event the original is lost before processing.

Certificates issued for 11-14 passengers will expire two years from the issue date.

Certificates issued for 15-20 passengers will expire when the medical card expires.

APPLICATION FOR TYPE 20 DRIVER'S CERTIFICATE

Section 1 - Applicant Information

Type of Application: <input type="checkbox"/> Original Certificate <input type="checkbox"/> Certificate Renewal		Check the passenger capacity: 11-14 15-20		
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	Have you held a license in a state other than Oregon within the past three years? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, list state(s) and provide a copy of the out-of-state DMV report:	
Driver's Email Address				

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.

Signature, Applicant _____ Date _____

Section 2 - Behind-the-Wheel Training Information (for Original Certificates)

This applicant successfully completed the Behind-The-Wheel Training (administered by a certified Behind-The-Wheel Trainer) and passed the Type 20 Skills Test required for a Type 20 certificate in a:	Passenger Capacity : _____	Skills Test Date : _____
	*Vehicles that hold 15 people including the driver are considered an 11-14 passenger capacity vehicle.	

I certify that the above applicant has passed a skills test as required by Oregon Administrative Rules. (Include a copy of the test with this application)

BTW Trainer (Print) _____ Signature, BTW Trainer _____

Section 3 - Supervisor Certification (All Applicants)

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) _____

The above applicant has demonstrated the knowledge and ability to satisfactorily perform the duties of a Type 20 driver as required, and to the best of my knowledge has driving and criminal records that comply with all requirements listed in OAR 581-053-0420.

SIGNATURE MAY NOT BE SAME AS SECTION 1.

Supervisor (Print) _____ Signature, Supervisor _____ Date _____

Return Email Address for Certificate _____

Section 4 - Medical Examiner Certificate Information (15-20 Passenger Capacity Only)

Attach Form MCSA-5876 (Medical Examiner's Certificate) with this form as one document for submission.*** Changes to the Medical Examiner's Certificate may only be done by the Examiner.

Type 20 Skills Test Pre-Trip Test

Applicant		Driver's License No.		Examiner	Date
Location	Route	Pre Trip Score	Road Test Score	Vehicle License No.	Capacity
Examiner's Position (Bus): <input type="checkbox"/> Aisle L <input type="checkbox"/> Aisle R Examiner's Signature _____					

UNDERCARRIAGE		INTERIOR		EXTERIOR																																		
Engine Compartment	Yes	No	Engine Start	Yes	No																																	
Oil Level.....	<input type="checkbox"/>	<input type="checkbox"/>	Oil Pressure Builds.....	<input type="checkbox"/>	<input type="checkbox"/>																																	
Coolant Level.....	<input type="checkbox"/>	<input type="checkbox"/>	Ammeter/Voltmeter.....	<input type="checkbox"/>	<input type="checkbox"/>																																	
Power Steering Fluid (Level).....	<input type="checkbox"/>	<input type="checkbox"/>	Brake Check.....	<input type="checkbox"/>	<input type="checkbox"/>																																	
Water Pump Belt (C) (Tension).....	<input type="checkbox"/>	<input type="checkbox"/>	(*AP) (*SB)	<input type="checkbox"/>	<input type="checkbox"/>																																	
Alternator Belt (C) (Tension).....	<input type="checkbox"/>	<input type="checkbox"/>	Steering Play (C) (<10" or <2").....	<input type="checkbox"/>	<input type="checkbox"/>																																	
Any Leaks (Ground) (Engine).....	<input type="checkbox"/>	<input type="checkbox"/>	Parking Brake	<input type="checkbox"/>	<input type="checkbox"/>																																	
Front Wheel	Yes	No	Mirrors, Windshield (C) (AJ).....	<input type="checkbox"/>	<input type="checkbox"/>																																	
Rim (C).....	<input type="checkbox"/>	<input type="checkbox"/>	Wipers (C) (Operate) (washers).....	<input type="checkbox"/>	<input type="checkbox"/>																																	
Tire (INF) (TD) (SW) (VS).....	<input type="checkbox"/>	<input type="checkbox"/>	Lighting Indicators.....	<input type="checkbox"/>	<input type="checkbox"/>																																	
Lug Nuts (S).....	<input type="checkbox"/>	<input type="checkbox"/>	Horn (Air) or (Electric).....	<input type="checkbox"/>	<input type="checkbox"/>																																	
Rear Wheels	Yes	No	Heaters/Defrosters (Operate).....	<input type="checkbox"/>	<input type="checkbox"/>																																	
Rims (C).....	<input type="checkbox"/>	<input type="checkbox"/>	Safety/Emergency	<input type="checkbox"/>	<input type="checkbox"/>																																	
Tires (INF) (TD) (SW) (D) (VS).....	<input type="checkbox"/>	<input type="checkbox"/>	Equipment (FA) (TR) (FE) (BF).....	<input type="checkbox"/>	<input type="checkbox"/>																																	
Lug Nuts (S).....	<input type="checkbox"/>	<input type="checkbox"/>																																				
Mud Flaps (C) (S).....	<input type="checkbox"/>	<input type="checkbox"/>																																				
Fuel Area	Yes	No	CODES USED ABOVE <table style="width: 100%; font-size: small;"> <tr> <td>A = Amber</td> <td>FA = First Aid Kit</td> <td>PL = Park Lights</td> </tr> <tr> <td>AJ = Adjustment</td> <td>FE = Fire Ext.</td> <td>R = Right</td> </tr> <tr> <td>AP = Applied</td> <td>HB = High Beam</td> <td>RD = Red</td> </tr> <tr> <td>B = Back</td> <td>HR = Hand Rail</td> <td>RS = Right Signal</td> </tr> <tr> <td>BF = Body Fluid Kit</td> <td>HZ = Hazards</td> <td>S = Security</td> </tr> <tr> <td>BU = Back Up</td> <td>INF = Inflation</td> <td>SB = Service Brake</td> </tr> <tr> <td>BZ = Buzzer</td> <td>L = Left</td> <td>SW = Sidewalls</td> </tr> <tr> <td>C = Condition</td> <td>LB = Low Beam</td> <td>TD = Tread Depth</td> </tr> <tr> <td>D = Duals</td> <td>LT = Light</td> <td>TL = Taillights</td> </tr> <tr> <td>EB = Emergency Brake</td> <td>LS = Left Signal</td> <td>TR = Reflectors</td> </tr> <tr> <td>F = Front</td> <td>O = Open</td> <td>VS = Valve Stem</td> </tr> </table>			A = Amber	FA = First Aid Kit	PL = Park Lights	AJ = Adjustment	FE = Fire Ext.	R = Right	AP = Applied	HB = High Beam	RD = Red	B = Back	HR = Hand Rail	RS = Right Signal	BF = Body Fluid Kit	HZ = Hazards	S = Security	BU = Back Up	INF = Inflation	SB = Service Brake	BZ = Buzzer	L = Left	SW = Sidewalls	C = Condition	LB = Low Beam	TD = Tread Depth	D = Duals	LT = Light	TL = Taillights	EB = Emergency Brake	LS = Left Signal	TR = Reflectors	F = Front	O = Open	VS = Valve Stem
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Fuel Tank (S) (Cap &/or Door).....	<input type="checkbox"/>	<input type="checkbox"/>	<div style="text-align: center;"> * Required Brake Item * Failure to perform a required inspection item will result in mandatory failure under "Grounds for Mandatory Failure" number 5. </div>																																			
Leaks.....	<input type="checkbox"/>	<input type="checkbox"/>																																				
			<div style="text-align: right;"> Passenger Entry (Door) (Loose)..... <input type="checkbox"/> Yes <input type="checkbox"/> No Stepwell (LT) (HR) (C)..... <input type="checkbox"/> Yes <input type="checkbox"/> No Emergency Exit (O) (BZ) (Closes)..... <input type="checkbox"/> Yes <input type="checkbox"/> No Seating (C) (Attachment)..... <input type="checkbox"/> Yes <input type="checkbox"/> No </div>																																			
			<div style="text-align: right;"> Lights & Reflectors Front Lights (LB) (HB) (PL) (RS) (LS) (HZ)..... <input type="checkbox"/> Yes <input type="checkbox"/> No Clearance & Reflectors (L) (R) (F) (B)..... <input type="checkbox"/> Yes <input type="checkbox"/> No Rear Lights (TL) (BU) (HZ)..... <input type="checkbox"/> Yes <input type="checkbox"/> No Rear Signal/Brake Lights (LS) (RS)..... <input type="checkbox"/> Yes <input type="checkbox"/> No Mirrors (C) (S)..... <input type="checkbox"/> Yes <input type="checkbox"/> No </div>																																			
			<div style="text-align: right;"> Identification Lettering, Numbers and Paint (L) (R) (F) (B)..... <input type="checkbox"/> Yes <input type="checkbox"/> No </div>																																			

Instructions When the driver correctly identifies and inspects an item, mark the "Yes" box next to the item on the score sheet. If the inspection is not acceptable, mark the "No" box. If the vehicle is not equipped with the item listed, draw a line through the "Yes and No" boxes, and write "N/A" next to the item. After the driver completes the pre-trip inspection, count the number of "No" boxes marked and, using the criteria below, determine if a passing score has been obtained.	TOTAL ITEMS MARKED "NO" <div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto;"></div> <div style="margin-top: 10px;"> <input type="checkbox"/> PASS <input type="checkbox"/> FAIL </div>
Scoring: Type 20 passes pre-trip test if 10 or fewer items are marked "No."	

Type 20 Skills Test Road Test

Applicant _____ Vehicle License # _____

LEFT TURN					RIGHT TURN				
APPROACH					APPROACH				
Traffic check.....	1 O	2 O	3 O	4 O	Traffic check.....	1 O	2 O	3 O	4 O
Signal, decel, coast, lane.....	O	O	O	O	Signal, decel, coast, lane.....	O	O	O	O
IF STOP					IF STOP				
Gap, stop line	1	2	3	4	Gap, stop line	1	2	3	4
full stop, wheels straight.....	O	O	O	O	full stop, wheels straight.....	O	O	O	O
TURNING					TURNING				
Traffic check.....	1 O	2 O	3 O	4 O	Traffic check.....	1 O	2 O	3 O	4 O
Both hands, gears.....	O	O	O	O	Both hands, gears.....	O	O	O	O
Speed, wide/short.....	O	O	O	O	Speed, wide/short.....	O	O	O	O
COMPLETE TURN					COMPLETE TURN				
Traffic check.....	1 O	2 O	3 O	4 O	Traffic check.....	1 O	2 O	3 O	4 O
Correct lane.....	O	O	O	O	Correct lane.....	O	O	O	O
Cancel signal, accelerate, right lane.....	O	O	O	O	Cancel signal, accelerate, right lane.....	O	O	O	O
INTERSECTIONS					URBAN/RURAL SECTIONS				
Stopping S S					U R				
Traffic check.....O O					Regular traffic checks.....O O				
Deceleration, coast.....O O					Selects proper lane.....O O				
Gap, stop line, full stop.....O O					Keeps vehicle in lane.....O O				
					Speed, spacing.....O O				
Driving Through T					Lane changes: traffic check,				
Traffic check.....O O O					signal, smooth change				
Yield, gear.....O O O					Left.....O O				
Accelerate.....O O O					Right.....O O				
CURVE					RAILROAD CROSSING				
Speed: enter, through,					(only required over 10,000 GVWR)				
stay in lane.....O					Traffic check.....O				
Traffic checks.....O					Law, gears, stop.....O				
					BACKING S A				
					Sound horn, hazards.....O O				
					Speed, maintains path.....O O				
					Mirror checks.....O O				
GENERAL DRIVING BEHAVIOR					FREEWAY				
Improper brakes use (smooth braking, no riding or pumping) O					Merge On				
Improper steering (both hands on wheel, no over/under control) O					Traffic check, signal,				
Disobeyed traffic signs or signals O					spacing, no stop,				
Drove over sidewalks, lanes, stop lines, etc O					merge, cancel signal.O				
GROUND FOR MANDATORY FAILURE					Lane Changes L R				
1. Failure to stop for a required railroad crossing (if over 10,000 GVWR).					Traffic check, signal,				
2. Failure to conduct a methodical or safe pre-trip.					spacing, smooth				
3. Failure to use the driver seat belt.					change, cancel				
4. Failure to conduct the prescribed brake test.					signal.....O O				
Scoring: Type 20 passes road test if 20 or fewer items are marked.					Driving				
					Traffic checks, spacing.....O				
					Lane use, speed.....O				
					Exit				
					Traffic check, signal.....O				
					Exit lane, decelerate.....O				
					Ramp speed, spacing,				
					cancel signal.....O				
					FOUNDATIONS FOR IMMEDIATE FAILURE				
					1. An accident involving any amount of property damage or personal injury.				
					2. The applicant refuses to perform any maneuver that is part of the prescribed driving test.				
					3. Any dangerous action in which: (a) an accident is prevented by expert driving or action on the part of other drivers; (b) the examiner is forced to assist the driver in avoiding an accident physically or orally; (c) the applicant drives or backs over curb or sidewalk; (d) by stalling or other improper driving behavior the applicant creates a serious traffic hazard.				
					4. The applicant commits any of the following: (a) passes another car which is stopped at a crosswalk yielding to a pedestrian or passes a school bus stopped with its red lights flashing; (b) makes or starts to make one turn from the wrong lane under traffic conditions that render such actions dangerous; (c) runs through or has to be stopped from running one red light or one stop sign.				
					5. Applicant is unable to properly operate vehicle equipment or, after proceeding a short distance on the drive course, it becomes apparent that the applicant is dangerously inexperienced.				