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

Office of Child Nutrition, Research, Accountability, Fingerprinting, and Transportation
Pupil Transportation & Fingerprinting
503-947-5600
FAX 503-378-5156
buslicense@ode.state.or.us

TYPE 20 CERTIFICATE APPLICATION PACKET INFORMATION

A Type 20 driver must be a careful, cautious, law-abiding person. 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:

1. Has ever been convicted of a sex offense involving force or minors.
2. Has been convicted of a crime involving violence, threat of violence, or theft. This shall not apply if applicant or driver has been free from custody, probation, and parole for at least three years.
3. 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 the date of application.
4. Has been convicted within the preceding three-year period of any violation involving hit-and-run driving, driving under the influence of intoxicants as defined in ORS 813.010, reckless driving as defined in ORS 811.140, fleeing or attempting to elude a police officer, or failure to perform legal duties of a driver involved in an accident.
5. Has had a driver's license suspended for a cause involving unsafe operation of a motor vehicle within the preceding three years or suspended due to the driving record.
6. Has a driving record for the preceding three years that has an accumulation of 31 or more points based on the following point system:
   a. Each chargeable accident and each moving violation shall have a value of 10 points.
   b. One point shall be subtracted for each full month since LAST such accident or violation. Applicant may be required to furnish a copy of all out-of-state driving records during the past three years. (Records will be checked.)
7. Has had driving privileges revoked or suspended as a habitual offender. This shall not apply if applicant or driver has had driving privileges restored under ORS 809.660 for the preceding three years.

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 lines 1 through 11. (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 forward 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 lines are completed for the type of application checked on line 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:

Line 12 — 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.

Line 13 — 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.

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APPLICATION FOR TYPE 20 DRIVER'S CERTIFICATE

(All questions must be answered)

1. Type of application (check one): ☐ Original Certificate ☐ Certificate Renewal

1a. Check the passenger capacity: ☐ 11-14 ☐ 15-20 If 15-20 Capacity, List the Medical Expiration Date: _____ MM/DD/YYYY
(See question 12 below.)

2. County in which school district is located _____

3. Name of School District, Private School, Headstart, or ESD for which you will drive _____

4. Name: Last _____ First _____ Middle Initial _____
Print in full Print in full Print

5. Mailing Address _____ City _____ State _____ ZIP _____
Must match the address on your license.

6.Gender _____ Date of Birth _____
M/F MM/DD/YYYY

7. Driver's License Number _____ Social Security Number _____
See Notice Below

8. Have you held a driver's license in another state in the past 3 years? ☐ Yes ☐ No 8a. If yes, list state(s) _____

If Yes, send in the Out-Of-State Record with application.

8b. Has your last name changed in the past 3 years? ☐ Yes ☐ No 8c. If Yes, give previous name(s) _____

9. Have you ever had your right to drive or a permit to drive suspended, revoked, or refused? ☐ Yes ☐ No

9a. If yes, give date, place, and reason _____

10. Do you have a public record or conviction as specified in items 1 through 4 in the "information" section? (See page 1) ☐ Yes ☐ No

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. I HEREBY GRANT THE OREGON DEPARTMENT OF EDUCATION PERMISSION TO CHECK CIVIL OR CRIMINAL RECORDS TO VERIFY ANY STATEMENT MADE ON THIS FORM.

11. Date _____ Applicant Signature _____
MM/DD/YYYY

NOTICE

Your social security number is being requested under the authority of ORS 326.603 and OAR 581-022-0716 which authorizes a criminal history record check for certain individuals employed through Oregon school districts.
Providing your social security number on this form is voluntary.
If you choose to not disclose the social security number, this will not be a basis for denial of employment or any rights, services, or benefits to which you are otherwise entitled.
If you do provide the number, the Oregon State Police and the Federal Bureau of Investigation will use it as an additional identifier to search for any criminal record you may have. Your social security number will only be used as state above. State and federal laws protect the privacy of your records.

12. This applicant successfully completed the behind-the-wheel training and passed the Type 20 skills test required for a Type 20 certificate in a

_____ passenger capacity bus on _____ . Signed _____
MM/DD/YYYY

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

Certified by ODE Behind-the-Wheel Trainer (applies to original certificate only)

13. 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.
(Applies to all applications.)
(*Signature must not be the same as applicant.)*

Signed _____
Supervisor

Return Email for Certificate _____

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