

## 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.