

## Certification of Drug and Alcohol Testing Compliance

School District and Address	City	State	Zip
School Transportation Provider and Address (If same as school or district, check the box and list address where records are kept)			
<input type="checkbox"/>	City	State	Zip
I certify that the above school transportation provider (choose one):			
<input type="checkbox"/>	Has an in-house drug and alcohol testing program that meets federal requirements.	Number of drivers:	_____
<input type="checkbox"/>	Is a member of a consortium that provides testing that meets federal requirements.	Number of drivers:	_____
Name and address of consortium: _____			
<input type="checkbox"/>	Is exempt from the requirements of Oregon Laws 2013, Chapter 163 because the above district or school does not operate any school activity vehicles designed to transport 16 or more persons (including driver) and does not operate school buses of any size.		
Signature of DER*:		Date:	
I certify that I have reviewed the above information relating to this school district's school transportation provider			
Superintendent Signature:		Date:	

### Instructions for Certification of Drug and Alcohol Testing Compliance

For purposes of this form, school district includes all school districts, individual schools (including public, private, parochial, public charter and alternative schools), education service districts and head start agencies which provide transportation services to students from home to school or to authorized school activities, either through internal or contracted services. School districts will need a separate form for each school transportation provider.

The school transportation provider is the district if service is provided internally, and the address listed should be the location where the U.S. Department of Transportation Drug and Alcohol test results are maintained (most likely the transportation department of the district).

Contractors serving more than one school district will need to complete forms for each district.

The certification for drug and alcohol testing compliance should be signed by the school transportation provider's Designated Employer Representative (DER). If the school transportation provider is exempt, then it should be signed by the transportation coordinator.

The superintendent must review the information provided on this certification and sign acknowledging review. If the certification is for a school with no superintendent, the form must be reviewed and signed by the appropriate school official.

This form may be mailed or faxed to the information above, or E-mailed to buslicense@ode.state.or.us.

This form is also available online as a fillable PDF at <http://www.ode.state.or.us/services/transportation/forms/1453-M.pdf>

\*A Designated Employer Representative (DER) is an individual identified by the school transportation provider as able to receive communications and test results from consortium/third party administrators and who is authorized to take immediate actions to remove employees from driving duties and to make required decisions in the testing and evaluation process. The individual must be an employee of the school transportation provider.

**Due Date: September 1**