

REQUEST TO CHANGE DRIVER CERTIFICATE OR PERMIT INFORMATION

Check one: Bus Driver Type 20 Driver Type 10 Driver SPAB Driver

Check one:

- Change only (no duplicate certificate needed) (employee transfer)
- Duplicate certificate requested
- Driver is no longer active (indicate school district & county below)
- Activate Driver (no duplicate certificate needed)

NEW or CURRENT INFORMATION: (Please Type-Fill)

1. Name (LAST) _____ (FIRST) _____ (MIDDLE INITIAL) _____

1a. Previous Name Used (if applicable) (LAST) _____ (FIRST) _____ (MIDDLE INITIAL) _____

2. Driver License No. _____ State _____

3. Home Address _____ Zip Code _____
(Street or PO Box) (City) (State)

4. Sex _____ Date of Birth (Mo) _____ (Day) _____ (Yr) _____

5. School District _____

6. County where school is located _____

7. School Bus Contractor (if any) _____

8. Previous School District (if known) _____

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 Driver Certificate or Permit.

9. Drivers' Signature _____ Date _____

TO CHANGE PASSENGER CAPACITY OR GVWR:

10. New Passenger Capacity _____ New GVWR _____ Upgraded Training Completion Date _____

11. Signature of Behind-the-Wheel Trainer/Tester _____ Date _____

TO BE COMPLETED BY THE SCHOOL DISTRICT TRANSPORTATION OFFICE or SCHOOL BUS CONTRACTOR

12. Signature of Transportation Supervisor or Designee _____ Date _____

Return Email for Certificate _____