

APPLICATION FOR SCHOOL BUS DRIVER'S PERMIT OR CERTIFICATE

Section 1 - Applicant Information

Type of application: <input type="checkbox"/> Permit <input type="checkbox"/> Original Certificate <input type="checkbox"/> Certificate Renewal			Check if operating a non-school bus with more than 20 passengers <input type="checkbox"/> Restricted (Type 21 Only)		County where transportation entity is located	
Last Name (Print)		First Name		Middle Initial	Driver License Number	State of Issue
Driver Address				Gender	Date of Birth	Social Security Number (See Notice on Back)
City, State, Zip Code				Have you held a license in a state other than listed above within the past three years? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list state(s):		
Transportation Entity (School District, Private School, Headstart, ESD)				Contractor (If Applicable)		
Height ft.	Weight In.	Other Names Previously Used (Separate With Commas)				

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 a certificate or permit. I understand the Oregon Department of Education will review my driving and criminal records, and may be provided with drug test results administered under FMCSA rules, to determine compliance with all requirements. Applicant is entitled to review his/her criminal history for inaccurate or incomplete information.

Applicant Signature _____ Date _____

Section 2 - Behind-the-Wheel Training Information (Permit or Original Certificate)

I certify that the above applicant has completed behind-the-wheel training as required by Oregon Administrative Rules and has a completed performance check list on file.

Date Training Complete _____ BTW Trainer (Print) _____ BTW Trainer Signature _____

Section 3 - Skills Test Information (Permit, Original Certificate, or Applicants over 70 years old)

Vehicle Information: (must match information on school bus skills test form)	Passenger Capacity	Gross Vehicle Weight Rating	Skills Test Date	If BTW signature same as in section 2, indicate reason: <input type="checkbox"/> Applicant already possessed proper CDL <input type="checkbox"/> Approval letter from ODE attached
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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) _____ BTW Trainer Signature _____

Section 4 - Classroom Training Information (Original Certificate or Certificate Renewal)

I certify that the above applicant has completed the classroom instruction as required in the Oregon Administrative Rules for an Original Certificate or Certificate Renewal. (Leave blank for a Permit)
 NOTE: SIGNATURE MAY NOT BE SAME AS APPLICANT

Supervisor (Print) _____ Supervisor Signature _____ Date _____

Section 5 - Supervisor Certification (All Applicants)

I certify that the above applicant has demonstrated the knowledge and ability to satisfactorily perform the duties of a school bus driver as required and to the best of my knowledge, has driving and criminal records that comply with all requirements listed in OAR 581-053-0050. ODE will be notified if I learn of any change to the applicant's driving or criminal record that could disqualify them from driving under OAR 581-053-0050, or if the applicant has a positive drug or alcohol test. I will ensure that the applicant complies with all applicable OARs. NOTE: SIGNATURE MAY NOT BE SAME AS APPLICANT

Supervisor (Print) _____ Supervisor Signature _____ Date _____

Return Email for Certificate _____

Section 6 - Medical Examiner Certificate Information (All Applicants)

Attach Form MCSA-5876 (Medical Examiner's Certificate) in this box, covering the text within. If too large to fit, please attach and leave this area blank.

=====OFFICE USE ONLY=====

Date of Physical _____ Medical Certificate Expiration Date: _____

Qualification Level: 0 1 2 3 4 5 6 7

NOTICE FOR SOCIAL SECURITY INFORMATION

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.

CRIMINAL AND DRIVING BACKGROUND CHECK STANDARDS

OAR 581-053-0060 states, in part, that an applicant will be REFUSED a School Bus Driver's Permit or Certificate if the applicant has:

1. Ever been convicted of a sex offense involving force or minors.
2. Been convicted of a crime involving violence, threat of violence or theft. This shall not apply if the applicant has been free from custody probation and parole for at least three years.
3. Been convicted of a crime involving activity in drugs or alcoholic beverages. This shall not apply if the applicant has been free from custody, probation, and parole for at least three years.
4. Been convicted within the preceding three-year period of any violation of 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. Had a driver license suspended for a cause involving unsafe operation of a motor vehicle within the preceding three years
6. A driving record for the preceding three years that has an accumulation of 31 or more points based on the following system:
 - a. Each chargeable accident and each traffic violation shall have a value of 10 points
 - b. One point shall be subtracted for each full month since last such accident or violation.
7. Has had driving privileges revoked or suspended as a habitual offender or because of driving record. This shall not apply if applicant has had driving privileges restored under ORS 809.660 for the preceding three years.

ODE will use the information provided on this application to conduct criminal and driving background checks of all applicants.

ADDITIONAL INSTRUCTIONS FOR FILLING OUT APPLICATION

Section 1: Ensure that the type of application is correct before submitting. If applicant does not, or has not held within the last three years, an Oregon Driver License, submit out of state driving record(s).

Permit: For drivers that have successfully completed BTW training, but have not completed classroom requirements. A driver may not have a permit if they have had a permit or certificate within the last year. Permit's come with a conversion card so that they may be upgraded to certificates without another application after the completion of classroom training.

Original Certificate: For drivers who have not held a valid certificate within the last year. Driver has completed BTW and classroom training.

Certificate Renewal: For drivers who have held a valid certificate within the last year.

Restricted: A school bus permit or certificate issued to a driver of a Type 21 vehicles. (Non-school bus vehicles designed to transport more than 20 passengers). Driver must have a Passenger endorsement on their CDL. Also indicate if they are requesting a Permit, Original Certificate, or Certificate Renewal.

Section 2: Signed by the certified BTW trainer that conducted BTW training. Should match the signature date on the Performance Check List. Only used for Permit or Original Certificate.

Section 3: Signed by the certified BTW trainer who administered the School Bus Skills Test. Signature and requested vehicle information should match the signature on the School Bus Skills Test Form, and cannot be the same as the BTW trainer who did the training unless the applicant already possessed the proper CDL prior to training, or you have an approval letter from ODE to train and test the same applicant. Only used for Permit, Original Certificate, or Applicants over 70 years old. For applicants over 70, the test shall be no more than 30 days old. For all other tests, the test shall be no more than one year old.

Section 4: The supervisor is signing that all of the appropriate classroom training is complete for an Original Certificate or for a Certificate Renewal. Leave blank if the application is for a permit.

Original Certificate Requirements: 8 hours Core Class (Sections 1-4) and be trained in first aid.

Certificate Renewal Requirements: Average of 8 hours approved classroom training during the proceeding 4 years while certified as a bus driver. (Year 1 - 8 hours; Year 2 - 16 hours; Year 3 - 24 hours; Year 4+ - 32 hours). Training must include a Core (Sections 1-4, 8 hours) or Core Refresher (Sections 5 & 6, 4 hours). Driver must be currently trained in first aid.

Section 5: All applications must be signed by a supervisor in this section. ODE will send certificates or responses to the email address provided.

APPLICATIONS WITH MISSING OR INCOMPLETE INFORMATION WILL BE RETURNED.