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

Pupil Transportation & Fingerprinting Unit
503-947-5600
FAX 503-378-5156
buslicense@ode.oregon.gov

SPECIAL PUPIL ACTIVITY BUS (SPAB) CERTIFICATE APPLICATION PACKET INFORMATION

OAR 581-053-0050 states, in part, that an applicant will be REFUSED a SPAB 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 SPAB CERTIFICATE

APPLICANT

1. Obtain "SPAB Certificate Application Packet" from your employer. This packet contains the instruction sheet and application.

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.

CARRIER

1. Secure "SPAB 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. 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 SPAB 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 date of signature. Requires signature of person responsible for evaluating the applicant's job performance (e.g. owner, supervisor, trainer.) ODE will send certificates or responses to the email address provided. The signature and return email 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 will expire when the medical card expires.

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Section 1 - Applicant Information

Type of Application

Original Certificate   Certificate Renewal

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	Commercial Driver's License Number	State of Issue

City State Zip Code	Have you held a license in a state other than Oregon within the past three years? NO YES
	If yes, list state(s) and provide a copy of the out-of-state DMV report:

Driver's Email Address

IF DRIVER'S LICENSE IS NOT ISSUED FROM OREGON, ATTACH A CURRENT DMV REPORT FOR THE ISSUING STATE PRINTED WITHIN THE LAST 30 DAYS

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.

I acknowledge reading and the receipt of the Social Security Statement and Applicant's Advisory Statement.

Signature, Applicant _____   Date _____

Section 2 - Approved Carrier

The above applicant has demonstrated the knowledge and ability to satisfactorily perform the duties of a SPAB driver as required, and to the best of my knowledge has driving and criminal records that comply with all requirements listed in OAR 581-053-0620. (Applies to all applications.)

SIGNATURE MAY NOT BE SAME AS SECTION 1.

Print Name, Supervisor or Designee   Signature, Supervisor or Designee   Date

Carrier   Return Email for Certificate

Section 3 - Medical Examiner Certificate Information (All Applicants)

Attach Form MCSA-5876 (Medical Examiner's Certificate) <u>with this form as one document</u> for submission.*** Changes to the Medical Examiner's Certificate may only be done by the Examiner.

This form must be type-filled for processing. Handwritten forms will be returned for revision.