

SPECIAL PUPIL ACTIVITY BUS (SPAB) CERTIFICATE APPLICATION PACKET INFORMATION

A SPAB driver must be a careful, cautious, law-abiding person. OAR 581-053-0050 states, in part, that an applicant will be REFUSED a SPAB driver's certificate or a current certificate will be REVOKED if applicant or driver:

1. Has ever been convicted of a crime listed in ORS 342.143.
2. Has been convicted of a crime involving violence, threat of violence, or theft. This shall not apply if applicant or driver has been free from custody, probation, and parole for at least three years.
3. 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 the date of application.
4. Has been convicted within the preceding three-year period of any violation 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. Has had a driver's license suspended for a cause involving unsafe operation of a motor vehicle within the preceding three years.
6. Has a driving record for the preceding three years that has an accumulation of 31 or more points based on the following point system:
 - a. Each chargeable accident and each moving violation shall have a value of 10 points.
 - b. One point shall be subtracted for each full month since LAST such accident or violation. Applicant may be required to furnish a copy of all out-of-state driving records during the past three years. (Records will be checked.)
7. Has had driving privileges revoked or suspended as a habitual offender under ORS 809.600. This shall not apply if applicant or driver has had driving privileges restored under ORS 809.660 for the preceding three years.

PROCEDURE FOR OBTAINING A 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 lines 1 through 9. (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. Applicants who currently hold a license in a state other than Oregon will be required to provide copies of their driving record from that state, printed within the last 30 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 forward the application to the Oregon Department of Education. INCOMPLETE APPLICATIONS WILL BE RETURNED.
4. If the driver has held a driver's license in another state within the last three years, attach the out-of-state driving record abstract. If the driver currently holds a license in a state other than Oregon, please attach a three year driving abstract that was processed within the past 30 days.

INSTRUCTIONS FOR COMPLETING APPLICATION FORM

Be certain that the proper lines are completed for the type of application checked on line 1.

Original Certificate or Renewal

Line 10 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.

OREGON DEPARTMENT OF EDUCATION

1. Upon receipt of completed application, the Oregon Department of Education will immediately 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. The certificate will expire on the same date as the medical card expiration date.

NOTE TO EMPLOYER: Always retain a copy of the completed application as documentation in the event the original is lost before processing.

