

APPLICATION FOR CERTIFICATE CARRIER APPROVAL

Carrier Information

Carrier Name:	Carrier USDOT#:
Mailing Address:	Insurance Carrier:
City State Zip	Insurance Exp Date:

Attachment Checklist

In accordance with Oregon Administrative Rule 581-053-0615, provide the following:

A copy of insurance information obtained through Federal Motor Carrier Safety Administration (FMCSA's) SAFER site;

AND documentation of a safety rating of (select one of the 3 options below):

Option 1: "Satisfactory" from the USDOT within the last 3 years; **or**

Option 2: "1, 2, or 3" from Department of Defense (DOD); **or**

Option 3: Current copies of all of the following:

A level 1 or 5 safety inspection report with the number of Commercial Vehicle Safety Alliance (CVSA) decal for each SPAB; **and**

Documentation that the provider has implemented an alcohol and controlled substance testing program in compliance with 49 CFR parts 40 and 382; and that all drivers seeking SPAB certification are enrolled in a random testing program for alcohol and controlled substance meeting all applicable requirements; **and**

Driver logs as requested by ODE during the past 6 months; **and**

List of SPABs by license plate number that will be used for student activities.

Carrier Supervisor or Designee

Print Name

Signature

Date

Contact Email Address

Contact Phone Number