

REQUEST FOR APPROVAL OF A TEMPORARY SCHOOL BUS DRIVER

**Section 1 - Applicant Information**

Please mark one of the following:      Driver holds a Class A or B CDL      Driver holds a Class C CDL      Driver is operating a non-school bus with more than 20 Passengers  
Restricted (Type 21 Only)

Last Name	First Name	Middle Initial	Gender	Date of Birth
Other Names Previously Used (Separated with Commas)		Social Security Number (See Notice below)		
Commercial Driver's License Number	State of Issue	Have you held a license in a state other than Oregon within the past three years? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, list state(s) and provide a copy of the out-of-state DMV report:		

**\*\*\*IF COMMERCIAL 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 - Transportation Entity (School District, Private School, Headstart, ESD)**

THIS SECTION IS TO BE COMPLETED BY THE REQUESTING SCHOOL OFFICIAL ONLY.

\_\_\_\_\_  
 School District, Private School, Headstart, or ESD

\_\_\_\_\_  
 Contractor (if applicable)

I CERTIFY that the above person is familiar with the contents of the current Oregon Pupil Transportation Manual, has a valid medical certificate that expires on \_\_\_\_\_<sup>Date</sup> and has demonstrated the necessary ability, knowledge and skills to operate a school bus in a safe and prudent manner.

**\*\*\*Attach Form MCSA-5876 (Medical Examiner's Certificate) as a separate document.\*\*\***

\_\_\_\_\_  
 Print Name, Authorized School or Transportation Official

\_\_\_\_\_  
 Signature, Authorized School or Transportation Official

\_\_\_\_\_  
 Date

Return Email Address for Approval \_\_\_\_\_

**ODE USE ONLY**

An "OK" following approval reply, applicant is approved as a temporary school bus driver for vehicles the driver is licensed to drive until July 1, \_\_\_\_\_, **as long as the driver maintains a valid medical certificate.** A "No" following approval reply, applicant does not meet the standards established by OAR 581-053-0220 for a temporary school bus driver at this time. Also, per OAR 581-053-0220, no temporary driver may be used more than ten days in any school year.

Signature, ODE Official

Approval Reply \_\_\_\_\_

\_\_\_\_\_  
 Date