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

# Confirmation of Eligibility

**A RESPONSE TO ODE IS REQUIRED WITHIN 60 DAYS** Please submit via email to buslicense@ode.oregon.gov or via fax. If you have any questions, please contact BusLicense email.

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| Transportation Entity |
| Reference # (last 5 digits of VIN) |
| Once you have obtained the License Plate Number, Bus Number and Purchase Price for this vehicle please submit this sheet back to Pupil Transportation with the following information: |
| Date: ***Return this form within 60 days** |
| **Vehicle Information** |
| License Plate Number |
| Bus/Fleet Number |
| Purchase Price |
| At least 50% of the mileage for this vehicle… |
| ☐ Will be used for transportation eligible for reimbursement. |
| ☐ Will **not** be used for transportation eligible for reimbursement. |
| Printed Name _____ Signature _____ Date _____ |
| Return Email Address _____ |



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