OREGON DEPARTMENT OF EDUCATION
Public Service Building
255 Capitol Street NE
Salem, Oregon 97310-0203

Office of Educational Support Services
Pupil Transportation Services

ANNUAL VEHICLE CERTIFICATION REPORT

County _____ Date _____

District Name _____. District No._____ No. Of Vehicles Inspected _____
Name of Transportation Supervisor or Contractor _____

Complete this form in duplicate. Return one copy to the Department of Education by **September 1.** Retain the other copy in district records. This form must be signed by the_____(includes private and parochial schools).

I hereby certify that the vehicles listed below will be used to transport pupils for the above school district during the school year _____. I also certify that, to the best of my knowledge , these vehicles have been inspected and necessary repairs have been made as evidenced by the Annual Vehicle Inspection and Maintenance Report (Form 2255) on file in this district for each vehicle.

Definitions of Vehicle Types:

S = School Bus. All vehicles marked with the words "School Bus" and equipped with amber and red Lights. (ORS 801.460)
O = School Activity Vehicle. Sedans, station wagons, vans, buses, etc., not marked or equipped as above. (ORS 801.455)

Signature _____
(School, School District Administrator)

Title Executive Director

Route or Spare	Vehicle Type	Bus No.	License No.	Year	Date Vehicle Brought Into Service	Body Make	Chassis Make	Capacity

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