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

County _____

District Name & No. _____

Address _____

_____

Phone No. _____

**APPROVAL REQUEST FOR DRIVERS OF TYPE 10 AND 20,
NONSCHOOL BUS, PUPIL TRANSPORTING VEHICLES**

I hereby request approval of the following persons as drivers for nonschool bus PTVs of the types specified for the above named district during school year _____.

It is not necessary to list names of persons who posses a valid Oregon School Bus Drive's Certificate.

Vehicle Operators's License No.	Last Name	First Name	MI	Teaching Certificate		Social Security No.	Date of Birth	Sex	Vehicle Type			ODE USE ONLY
				yes	no				10	11-15	16-20	

I CERTIFY that the above persons have received or will receive the training and testing required for the type of vehicle the persons will be drive as prescribed in OAR 581-53-545 and 550 prior to transporting passengers, except for first aid training requirements prescribed by OAR 581-53-545(5)(b)(C) or OAR 581-53-5540 (4)(f). I will immediately notify the Department of Education if there is reason to believe any change in driving or criminal records has occurred that could affect the above listed persons' ability to meet the required licensing provisions.

_____ _____
Signature, Authorized School Official Title

Persons whose names are followed by a Check (✓) in the right-hand column are approved as nonschool PTV (type specified) drivers as long as they remain in compliance with all rule requirements or until termination of employment from district submitting approval list.
Any person whose name is followed by a "no" in the right-hand column does not meet the requirements established by OAR 581-53-545 and OAR 581-53-550 for "Nonschool Bus," Pupil Transporting Vehicles..

_____ _____
Signature, ODE Official Date