

SCHOOL BUS LICENSE APPROVAL (ORS 801.460)  
SCHOOL ACTIVITY VEHICLE LICENSE APPROVAL (ORS 801.455)

**PURCHASER:**

Name of Contractor or District \_\_\_\_\_ District No. \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**FIRM SELLING BODY**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_ Serial No. \_\_\_\_\_  
Passenger Capacity \_\_\_\_\_ Seat Knee Room \_\_\_\_\_ inches Body Weight:  Empty  Loaded \_\_\_\_\_  
Load Distribution: Front \_\_\_\_\_% Rear \_\_\_\_\_% Body Length \_\_\_\_\_ inches Overall Length \_\_\_\_\_ inches  
Body Type:  A  B  C  D  10  20  21  
Equipment: Windows \_\_\_\_\_ Emergency Exits (specify clear opening) # \_\_\_\_\_  Roof Hatch(es) \_\_\_\_\_ sq. in. each  
 Full Drop  Split Sash \_\_\_\_\_ in. Service Door \_\_\_\_\_ sq. in. # \_\_\_\_\_  Swing Out Window(s) \_\_\_\_\_ sq. in. each  
 Reflective Markings  Rear Door \_\_\_\_\_ sq. in. TOTAL INCHES EMERGENCY EGRESS \_\_\_\_\_  
 FMVSS 111 Mirror System  Left Side Door \_\_\_\_\_ sq. in.  Wheelchair Lift  
 Posted Passenger Capacity  Rear Window \_\_\_\_\_ sq. in.  Wheelchair Positions # \_\_\_\_\_  
 Fireblock Seat Upholstery  Right Side Door \_\_\_\_\_ sq. in.  P. A. System  Other

I hereby certify that this body conforms to all applicable rules under ORS 820.100 to 820.120 and that the vehicle is safe for operation on the highway.  
(ORS 820.130)

\_\_\_\_\_ By \_\_\_\_\_  
Body Dealer or Company

**FIRM SELLING CHASSIS**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_ I.D. No. \_\_\_\_\_  
Mfg's Rated Axle Capacity \_\_\_\_\_ front \_\_\_\_\_ rear Mfg's GVW Rating \_\_\_\_\_ Wheelbase \_\_\_\_\_ inches  
Engine \_\_\_\_\_  Gas  Diesel Chassis Weight \_\_\_\_\_  
make \_\_\_\_\_ cu. in. 690. no cylds.  
Tire Size \_\_\_\_\_ Ply Rating \_\_\_\_\_ Fuel Tank Capacity \_\_\_\_\_ Alternator Capacity \_\_\_\_\_  
Brakes:  Air  Hydraulic  
Equipment: Moisture Ejection System \_\_\_\_\_ Transmission \_\_\_\_\_  Wiring Diagram  
 Manual to Skirt  Automatic  Tachometer  
 Automatic  Manual 4 Speed  2-Speed Axle \_\_\_\_\_  
 Air Dryer  Manual 5 Speed  Other \_\_\_\_\_

I hereby certify that this chassis conforms to all applicable rules under ORS 820.100 to 820.120 and that the vehicle is safe for operation on the highway.  
(ORS 820.130)

\_\_\_\_\_ By \_\_\_\_\_  
Chassis Dealer or Company

**INSTRUCTIONS FOR FILING THIS REPORT**

**BODY DEALER**

The body dealer shall complete and certify body section of this form and forward to chassis dealer.

**CHASSIS DEALER**

Upon receipt of this form, the chassis dealer shall complete all necessary information, certify the chassis section, and immediately forward all copies to the Oregon Department of Education, Pupil Transportation Services, Salem, Oregon 97310-0290.

**OREGON DEPARTMENT OF EDUCATION**

Upon approval, copies will be sent to the purchaser, body dealer, and chassis dealer.

The approval tab from the purchaser's copy must be attached to the license application before a license can be issued by the Motor Vehicles Division.

Purchaser \_\_\_\_\_  
Address \_\_\_\_\_  
Year & Make of Chassis \_\_\_\_\_  
(to be filled in by dealer)

identification No. \_\_\_\_\_  
(to be filled in by dealer)

License No. \_\_\_\_\_  
(to be filled in by Motor Vehicles Division)

**APPROVED:**

Oregon Department of Education  
Pupil Transportation Services

By \_\_\_\_\_  
Date \_\_\_\_\_  
(Staple this tab to license plate application)