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| OSPI Logo |  OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION Student Transportation Old Capitol Building PO BOX 47200  Olympia WA 98504-7200 (360) 725-6120 TTY (360) 664-3631 FAX (360) 586-6124 **SCHOOL BUS ACQUISITION REPORT** |

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| **ACQUISITION** |
| SCHOOL DISTRICT NAME      | AUTHORIZED REPRESENTATIVE (PRINT)       | ESD NO.       | COUNTY NO.       | DISTRICT NO.       |
| Directions for completing acquisition. The following documents must be attached to the original School Bus Acquisition Report (FORM SPI 1020) signed by an authorized school district representative. |
| [ ]  **State Quote Bus:** [ ]  The Initial School Bus Inspection (FORM SPI 1029) signed by the inspecting officer. [ ]  One copy of the seller’s invoice signed by an authorized dealer representative indicating VIN. [ ]  One copy of the School District Options―Dealer Delivery Report (FORM SPI 1394A.fm). [ ]  One copy of the As Delivered―Vehicle Data Sheet (FORM SPI 1394B.fm).**For State Quote and Vendor Bid Buses:**Date of order        | [ ]  **Vendor Bid Proposal Bus:** [ ]  The Initial School Bus Inspection (FORM SPI 1029) signed by the inspecting officer. [ ]  One copy of the seller’s invoice signed by an authorized dealer representative indicating VIN. [ ]  One copy of the complete successful bid document signed by an authorized dealer representative. [ ]  One copy of the School District Options―Dealer Delivery Report (FORM SPI 1394A.fm). [ ]  One copy of the As Delivered―Vehicle Data Sheet (FORM SPI 1394B.fm). |
| [ ]  **Used Bus or Lease Bus (not Lease Purchase)** [ ]  Most recent inspection (within last year).Previous District       State Bus Number:        (if known) |
| [ ]  **Contractor Bus:** [ ]  The Initial School Bus Inspection (FORM SPI 1029) signed by the inspecting officer.        Contractor Name | [ ]  **Used** **Contractor Bus:** [ ]  Most recent inspection (within last year). Previous Location:        (if applicable) State Bus Number:        (if known) |

1. The complete set of documents for each bus purchase type must be submitted to your **Regional Transportation Coordinator** before an operation permit will be issued.
2. All school bus operation permits will be emailed to the school district. Please provide the recipient’s name and email address:

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| **Email Permits to:**      | **Vehicle Identification Number (17 Characters)**      |
| **District Bus Number**      | **Body Make**      | **Year**      | **Body Model**      |

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| **Bus Type**[ ]  A [ ]  B [ ]  C [ ]  D | **Fuel Type**[ ]  Diesel [ ]  Gas [ ]  Propane[ ]  Other        | **Wheelchair Lift** [ ]  Yes [ ]  NoNumber of stations:       | **Maximum Design Capacity**      |
|   AUTHORIZED REPRESENTATIVE’S SIGNATURE DATE |