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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  No  Number of stations: | **Maximum Design Capacity** |
| AUTHORIZED REPRESENTATIVE’S SIGNATURE DATE | | | |