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

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)**

Previous District _____

☐ Most recent inspection (within last year).

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:

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