



## School Transportation Unit

### School Transportation Assistance Report (STAR)

Districts must complete and return this form to CDE no later than Friday, August 14, 2015. This form may also be accessed on the School Transportation Unit webpage at <http://www.cde.state.co.us/transportation>. The form may be completed/submitted electronically via email or manually sent via US mail to the address listed below.

School Transportation Unit Office at 1580 Logan Street, Suite 310, Denver, CO 80203

or via email at [Transportation@cde.state.co.us](mailto:Transportation@cde.state.co.us)

#### District Contact Information

District Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Transportation Physical Address (if different): \_\_\_\_\_

Transportation Director Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fleet Manager Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Driver Trainer Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Vehicle and Records Location

Physical addresses of where district vehicles are parked (i.e. terminals, offices)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If vehicles are regularly parked off-site (i.e. bus driver residence, etc.), please contact our office prior to the Transportation Analyst arrival regarding SAR vehicle inspections.

If all transportation records are not located at the transportation facility, please provide the address of alternate location and contact information.

Location: \_\_\_\_\_ Contact Information \_\_\_\_\_

\_\_\_\_\_

#### Vehicle Data

Please indicate the number of vehicles (school bus, activity bus, small vehicle, etc.) used for student transportation:

Small Vehicle \_\_\_\_\_ Type A \_\_\_\_\_ Type B \_\_\_\_\_ Type C \_\_\_\_\_ Type D \_\_\_\_\_ Multifunction \_\_\_\_\_ Coach Bus \_\_\_\_\_

Are all vehicle annual inspections being performed on site? If not, please provide the address of alternate location and contact information.

Location: \_\_\_\_\_ Contact Information: \_\_\_\_\_

To better assist us and to also help your district prepare for your STAR please complete the following tables for Annual Inspector Files, Activity Trip Operator/Small Vehicle and Route Operator Files. **If your district has more personnel information than the space provided allows for, please select a random sampling.**

### Annual Inspector Files

Full Name	Copy Of License	License Exp.	Hands on Test Date Taken	Written Test Date Taken	CDE/DOT Brake Inspector Certificate	Verifiable proof of experience/training (minimum of 2 years)

### Activity Trip Operator/Small Vehicle Files

Full Name	License Exp.	Age 21?	MVR Date	Pre-Service Vehicle Training	Medical Form	Annual Written Test Date	Initial Performance Test Date

### Route Operator Files

Full Name	Copy of CDL	Date CDL Expires	DOT Physical Expires	1 <sup>st</sup> Aid Expires	MVR Date	Annual Driving Performance Date	Annual Written Test Date	Mtn. Test Date	Adv. Test Date

Please advise us of any additional assistance that CDE Transportation Analysts can provide for you during your district review, so that we can prepare prior to our arrival.

Thank you for your cooperation,

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Transportation Analyst