



## 2024 Regional Driving Competition Ottawa, KS

Date: Saturday, April 20

Time: 8:30 a.m. - Registration  
9:00 a.m. - Competition Begins

Location: Ottawa Middle School  
1230 S. Ash Street  
Ottawa, KS

Other: Buses will be provided for competition  
Bring a lawn chair and sunscreen  
No concession stand will be available. Local fast food or BYO

**Please be prepared to present your valid CDL, Physical, Accident Prevention (Defensive Driving) and First-Aid/CPR documentation at check-in**

WHO CAN COMPETE & REQUIREMENTS: This competition is open to any person who is currently employed or has been employed within the past 12 months as a full-time or substitute school bus driver in the state of Kansas.

Contestants shall meet all Kansas school bus driver qualifications in accordance with K.A.R. 91-38-6. These include possession of a current and valid Commercial Driver's License (CDL). Class A, B, or C with Passenger (P) and School Bus (S) endorsements\*; documentation of physical qualification ("DOT" physical) within the last 2 years; documentation for successful completion and current status of an approved accident prevention course (defensive driving) and an approved first aid/CPR program.

Drivers currently residing in a state other than Kansas shall present the appropriate CDL documentation with endorsements within their state of residence.

**NOTE:** Drivers' qualifications for competition shall be checked during the registration procedures. At no time will a driver be allowed to compete in more than one official regional competition and one official state competition during the calendar year. You may download the Safety Competition Book and study guide at: <http://www.ksde.org> or [www.kspta.net](http://www.kspta.net).

\*Exemption for drivers with valid DL who transport students in a minibus rated for 14 passengers or less

**Kansas State Pupil Transportation Association  
2024 Regional Safe Driver Competition**

**To Be Completed by Competitor:**

Competitor Name \_\_\_\_\_

Employer: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I will be competing as: Please check one:  Rookie  Experienced

I will be competing in: Please check one:  Conventional  Transit  Mini bus

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send forms to:**

via E-mail: kspta1970@gmail.com

or

**Email Questions to:**

kspta1970@gmail.com

**If possible, we would like to know if you are coming no later than April 6th  
to ensure all types of buses needed are available.**

**Forms may be turned in during registration on day of event.**

**To be completed by KSPTA**

Date entry form Received: \_\_\_\_\_ Assigned Number: \_\_\_\_\_