

CHARTER TRANSPORTATION SERVICE INFORMATION REQUEST

The Program Director must complete this form.

1. **NAME of PROGRAM:** _____
Date of Application: _____

2. **NAME of PROGRAM DIRECTOR:** _____

3. **CHARTER SERVICE**
Will this program use a charter service? **[Check one.]**
 Yes **[Complete #4 - 11.]**
 No **[Skip to #11.]**

4. **NAME OF CHARTER SERVICE:** _____
Website of Charter Service (if applicable): _____

5. **DATES OF CHARTERED SERVICE USE FOR PROGRAM:** _____

6. **CHARTER SERVICE CONTACT INFORMATION**

Name	of	Charter	Service	Contact	Person:

_____				Phone	Number:
_____				Fax	number:
_____				E-mail address	(if applicable):

7. **CERTIFICATE of INSURANCE FOR CHARTER SERVICE**
Along with this form, submit a copy of the Certificate of Insurance for the State required liability limits (minimum \$5,000,000.00) for the charter service.

8. **DRIVER CERTIFICATION and TRAINING FOR CHARTER SERVICE**
Along with this form, submit information on the driver certification and training required of or provided to the charter service drivers.

9. **VEHICULAR MAINTENANCE FOR CHARTER SERVICE**
Along with this form, submit a brief explanation of how preventative maintenance and safety checks are managed for the charter service vehicles.

10. **VEHICULAR ACCIDENTS OF CHARTER SERVICE**
Has this charter service been involved in vehicular accidents that resulted in significant injury (requiring hospitalization) or death in the past five (5) years?
[Check one.]
 Yes **[Along with this form, submit information on the accidents that meet this criteria.]**
 No **[Skip to #23.]**

11. **COMPLETE ACKNOWLEDGEMENT and AUTHORIZATION FORM, [ANNEX A. FORM 3.](#)**