



Golden Crescent Regional Planning Commission
State Planning Region XVII
Golden Crescent Economic Development District

Transportation Services Department

Charter Service Request Form

Please fill out the following information as accurately as possible to process your request. You may also attach maps, brochures, itineraries, or any other helpful information to further explain your request.

Customer Name/Entity: _____

Address: _____

Phone Number: _____ E-mail: _____

Emergency Contact Name: _____ Phone Number: _____

Requested Date: _____ Start Time: _____ Return Time: _____

Number of Passengers: _____ Wheelchair Accessibility Needed: Yes No

Type of Vehicle(s) Requested: Van Small Bus Medium Bus Large Bus Qty: _____

Pick-up Address: _____

Destination Address: _____

Additional Information / Special Requests: _____

The following questions are intended to assist with identifying if a Charter request meets an allowable Exception so that Charter Services can be provided.

Are there government officials (elected federal, state, local) on this trip for official government business? Yes No

Are you a Qualified Human Service Organization (QHSO) listed in Appendix A of 49 CFR Part 604? Yes No If yes, which QHSO: _____

If no, do you receive funding, directly or indirectly, from any programs listed in Appendix A?

Yes No If yes, which QHSO: _____

By signing below, I hereby agree to release my charter request information to GCRPC and all other FTA registered charter providers. I also certify that I am a responsible party authorized to arrange, change, and obligate the aforementioned agency, organization, or group for the requested charter service. I agree to comply with all GCRPC charter policies and procedures. I have read and understand GCRPC policies and procedures in arranging the charter service.

Signature: _____ Date: _____

GCRPC Use Only:

Received By: _____ Date: _____

APPROVED DENIED Signature: _____ Date: _____