

**REGISTRATION FORM - DEMAND AND RESPONSE TRANSPORTATION SERVICE - DART**

PLEASE PRINT OR TYPE INFORMATION REQUESTED

**PART I: TO BE COMPLETED BY APPLICANT**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

My University of Virginia affiliation is: [ ] Student [ ] Faculty [ ] Staff

In case of medical emergency, please notify:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

My Disability is [ ] permanent [ ] temporary until \_\_\_\_\_

Check those that apply:

_____ I am using crutches, a cane, braces	_____ I have difficulty walking long distances
_____ I have a sight disability	_____ I use a wheelchair
_____ I have a hearing disability	_____ Other (Describe Below)

Describe Other: \_\_\_\_\_

**Please indicate which of the following applies to you:**

- ( ) Am able to travel in a cab ( ) Must have a lift-equipped vehicle  
( ) Travel with a companion ( ) Travel with a guide or service animal/dog

[ ] CHECK HERE IF YOU WOULD LIKE TO REGISTER TO VOTE IN VIRGINIA  
(INFORMATION WILL BE MAILED TO YOU)

[ ] CHECK HERE IF YOU DO NOT WANT VOTER REGISTRATION INFORMATION SENT

**I certify that the above statements are true and accurate to the best of my knowledge.**

**By my signature, I agree to have the above information shared, as necessary, with those providing DART service transportation (ex: Yellow Cab and JAUNT).**

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**PART II: TO BE COMPLETED BY AUTHORIZING AGENT**

The above applicant is unable to use fixed-route transportation due to a disabling condition, and is therefore authorized to receive assistance from the DART transportation service.

AUTHORIZING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DAYTIME TELEPHONE NUMBER: \_\_\_\_\_

NOTE: Once completed/signed by the applicant and authorizing agent this form must be sent by mail or fax to:  
Ms. Melissa Oliver, Assistant to the Director of Special Projects [mo3a@virginia.edu](mailto:mo3a@virginia.edu)  
Equal Opportunity Programs, P.O. Box 400219, Washington Hall/East Range, Charlottesville, Va. 22904  
Fax Number: 434-924-1313 Phone Number/Voicemail: 434-924-3095