Demand and Response Transportation (DART) Application Form:

Part I – Completed by Applicant

<table>
<thead>
<tr>
<th>Name:</th>
<th>UVA Email Address:</th>
<th>@virginia.edu</th>
</tr>
</thead>
<tbody>
<tr>
<td>UVA ID Number:</td>
<td>Area Code &amp; Phone #:</td>
<td></td>
</tr>
<tr>
<td>Local Address:</td>
<td>UVA Affiliation:</td>
<td>___ Student</td>
</tr>
<tr>
<td></td>
<td></td>
<td>___ Staff or Faculty</td>
</tr>
<tr>
<td>Requested Service End Date:</td>
<td>Additional Information Related to Need for Service:</td>
<td></td>
</tr>
</tbody>
</table>

So that the proper service and expectations and service can be set up, please check all that apply:

___ Using Crutches  ___ Visually Impaired  ___ Service Animal
___ Scooter  ___ Must have a lift-equipped vehicle  ___ Travel with a Companion
___ Hearing Disability  ___ Wheelchair

By my signature, I certify that the above statements are true and accurate to the best of my knowledge. I agree to comply with the Rider’s Guide. I agree to have the above information shared, as necessary, with those providing DART service transportation (ex, Yellow Cab, JAUNT).

Applicant Signature: _____________________________ Date: _____________________________

Part II – Students: Student Disability Access Center, Student Health, Athletics/Sports Medicine, or personal physician

Staff or Faculty: Employee Health or personal physician

The above applicant is unable to use the fixed-route bus transportation and therefore is authorized to receive assistance from the DART transportation services through _____________________________ (end date):

Authorizing Signature: _____________________________ Date: _____________________________

Printed Name & Title: ____________________________________________________________________________

Department or Practice: __________________________________________________________________________

Once this form is complete and signed by the applicant and authorizing agent, send the form by mail, email, or fax to:

Ms. Melissa Oliver, DART Service Coordinator
Equal Opportunity Programs, Washington Hall/East Range
P.O. Box 400219, Charlottesville, VA 22904
Phone: 434-924-3095, Fax: 434-924-1313, email: mo3a@virginia.edu

Part III – Office Use Only

Date Received: _______________ Approved/Not Approved: _______________ Processed by: _____________________________

Process Date: _______________ Lives outside Service Area: _______________

Notes: __________________________________________________________________________________________
______________________________________________________________________________________________

Version 14.1 (8/20/14)