



Brazos Transit District

Request for Vehicle through the 5310 Program

Elderly and Persons with Disabilities

| | |
|--------------------|--|
| Organization Name: | Non-Profit: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------|--|

Address, City and Zip:

| | | |
|--------|------|---------|
| Phone: | Fax: | E-mail: |
|--------|------|---------|

| | |
|-----------------------|-------------|
| Type of Organization: | DUNS Number |
|-----------------------|-------------|

| | |
|------------------|-------------------|
| Days of Service: | Hours of Service: |
|------------------|-------------------|

Type of Clients to be Served:

Type of Trips to be Taken:

Days and Hours Vehicle will be operated:

Estimated number of one-way Passenger TRIPS to be provided per month: (If 5 people go to and come from the doctor's office it would be counted as 10 trips – a trip is counted EACH time a individual boards the bus)

____ Elderly ____ Disabled ____ Other (Describe) ____ **Total Monthly Trips to be provided**

Number of Clients Organization Currently Serves Daily:

____ Elderly ____ Disabled _____ Other (Describe) ____ **Total**

Type of vehicles currently in use (Year, Make, Model, & Mileage):

If you currently have a 5310 vehicle, how was it funded?

| | | |
|--------------|-----------|------|
| Name & Title | Signature | Date |
|--------------|-----------|------|

Please return form to:
Brazos Transit District
2117 Nuches Lane
Bryan, Texas 77803

Fax to 979-778-3606 or
Email: reception@btd.org