March 4, 2022 REQUEST FOR BRATS TRANSIT SERVICE Name of Organization: Contact Person: Phone Number: 225 Billing Address: Do you currently have an approved account with Baldwin Regional Area Transit System? Yes No POTENTIAL EXEMPTIONS OR EXCEPTIONS **EXEMPTION: Rural Program Purpose** Is the origin of the proposed trip outside the MPO Urbanized Area (see attached map)?

Yes No Will the proposed transportation be for a human service organization or for elderly, disabled, or low income passengers. 🗆 Yes 🗀 No EXCEPTION 1: Service for Qualified Human Service Organizations (QHSO) Is the requested service for individuals in one of the following three categories (check all that apply)? ☐ Those with mobility limitations due to advance age ☐ Those with disabilities ☐ Those with low income Does one of the following apply to your entity (check all that apply)? ☐ Receives funding from federal program listed in attachment ☐ Is a registered QHSO on the FTA charter website **EXCEPTION 2: Service for Government Officials on Official Government Business** Will the proposed trip occur within BRATS service area (currently all of Baldwin County)? ☐ Yes ☐ No Will the proposed involve official government business? ☐ Yes ☐ No Will at least one elected or appointed official be on each provided trip? 🗆 Yes 🗆 No **EXCEPTION 3: Service When Private Charter Service Not Available** Would you like BRATS to initiate exceptions by issuing a notice to determine whether any registered charter providers are interested in providing your entity with charter service? ☐ Yes ☐ No NOTE: if you mark "yes" above, BRATS will issue the required notice to registered charter service providers within Baldwin County. If any provider responds with interest in providing the service, Baldwin County cannot provide your entity with the requested service. EVENT INFORMATION Cell Phone Number: Contact Person at Event: Number of Vehicles Needed: Number of Passengers: Number of Wheelchairs: Number of Lift Assist Passengers: Time to Begin Event: ___10\00 Am Time Event Will End: ___ Pick Up Location & Physical Address: Destination Location and Physical Address: A timed itinerary with address details must be supplied for multiple stops. We acknowledge there will be additional charges for excessive cleanup or damage to the vehicle caused by passengers. We understand charges will include pre and post safety inspections of vehicle and travel times to and from event. We will not hold BRATS responsible for breakdowns, accidents, bad/noad conditions, inclement weather, and other conditions beyond its control. (Authorized Signatur (Company Name) Trip Scheduled: Approved Cost:___

(scheduler signature)

(date)