

**Annual Report
Accessible Transportation Requests Summary
&
Bus & Motorcoach Fleet Accessibility
49 CFR Part 37 §37.213**

US DOT # _____

Date

Company Name

Company Address

City

State

Zip

Name of Company/ADA Contact Person

Telephone Number

Number of New Buses Purchased in Preceding 12 Months

Number of New Accessible Buses Purchased in Preceding 12 Months

Number of Used Buses Purchased in Preceding 12 Months

Number of Used Accessible Buses Purchased in Preceding 12 Months

Number of New Buses Leased in Preceding 12 Months

Number of New Accessible Buses Leased in Preceding 12 Months

Number of Used Buses Leased in Preceding 12 Months

Number of Used Accessible Buses Leased in Preceding 12 Months

Total Number of Buses/Motorcoaches in the Company's Fleet on This Date

Total Number of Accessible Buses in the Company's Fleet

Using information taken from the Advance Notice of Request for Accessible Travel forms maintained by your company for the previous 12-month period (October 1 – September 30), please provide the following summaries.

Number of requests for accessible transportation service

Number of times requests for accessible transportation were satisfied

Number of times requests were not satisfied (for a cause recognized by the DOT)

Number of times requests were not satisfied for other reasons

Describe resolution of unsatisfied requests

**Mail this form by 10/31/2011 to:
Federal Motor Carrier Safety Administration
Office of Information Management MC-RIS
1200 New Jersey Avenue, SE
Washington, DC 20590**