Arlington/Roe & Co.
(800) 878-9891 • www.arlingtonroe.com

NON-EMERGENCY MEDICAL & HANDICAPPED TRANSPORTATION SUPPLEMENTAL APPLICATION

☐ New
☐ Renewal of _____
REPRESENTED BY:

1) Is Non-Emergency transportation your only business? ☐Y ☐N If no, explain:_____
   a) Number of years company in business: _____
   b) Number of years under current ownership:_____
   c) Number of years current management in place:_____
2) Operation Type: ☐Non-profit ☐For Hire
3) How are fares charged? ☐Per Trip ☐Per Hour ☐Metered ☐Zone ☐Fare box ☐Other:_____
4) Percent of fares paid by:
   a) Medicaid/Medicare:___% c) Other Govt. Benefits:___% e) Other (explain):___%
   b) VA Benefits:___% d) Passengers:___% _____
5) Percent of passengers who are handicapped: Wheelchair:___% Gurney:___%
6) Are you a member of the Community Transportation Association of America? ☐Y ☐N
7) Hours of Operation:_____.
8) Cities operated in:_____.
9) Dispatching how far in advance:_____
10) Driver Hiring Criteria: Age-_____; Experience-_____; MVR-_____.
11) Pre-Employment & Random drug/alcohol testing program in place? ☐Y ☐N
12) Driver turnover: # Drivers hired 12 months:_____ Average # Driver Positions 12 months:_____
13) Written inspections how often: Vehicles:_____ Wheelchair Lifts:_____.
14) Documented safety program? ☐Y ☐N If yes, please attach a copy.
15) Are your drivers all trained in PASS? ☐Y ☐N If Yes, date of last training:_____.
16) Driver Disciplinary/Incentive program? ☐Y ☐N If yes, please attach a copy.
17) Describe driver training efforts in the following areas:
   a) First-Aid/CPR:_____.
   b) ADA:_____.
   c) Operation of Lift:_____.
   d) Wheelchair securement:_____.
   e) Passenger Assistance:_____.
   f) Defensive Driving:_____.
18) Vehicle Schedule (attach additional pages if over 10 units):

Year	Make	Model	VIN	Lift? Yes or No	Sirens/ Emer. Lights Yes or No	# Wheelchair Spaces	# Other Seats	Manufacturer's Seating Capacity

Send to Arlington/Roe | Print Form | Save Form