



App Received: _____
Approved: _____
Expiration Date: _____

SHUTTLE VAN APPLICATION

Please Print

Last Name _____ First _____ Initial _____

Address _____

City, State, Zip: _____

Primary Phone: _____ Secondary Phone: _____

Date of Birth (month / day / year): _____

1. Are you age 60 or older? Yes No

2. Do you have a disability? Yes No Describe: _____
(If yes, you may be better served by Paratransit Service)

3. Do you use any of the following (check all that apply):

Manual wheelchair

Electric wheelchair

Walker

Power scooter

Crutches

Cane

Service animal

Personal Care Assistant

White Cane

4. Does your mobility device exceed the common standard of 30 inches wide and 48 inches long, or exceed 600 pounds when occupied? Yes No

(Note: Larger mobility devices and devices that exceed 600 lbs when occupied may exceed equipment transport capacity.)

Please complete both sides – over

5. Will you require assistance from your door to the vehicle?

- No
- Yes, sometimes
- Yes, every time (Premium Service Assistance)

If yes, what type of assistance: _____

In case of emergency, who should we contact?

Name: _____

Phone: _____

Relationship to applicant: _____

Riders Guide

I have received and reviewed the **Rider's Guide** and understand the following:

- Vans are subject to delays caused by traffic, weather, detours, accidents, passenger loads and unforeseen circumstances. Please allow some time for your ride to arrive.
- Both fixed route buses and Shuttle Van vehicles are equipped with lifts or ramps, and can be used by people with any mobility aid, such as a wheel chair, scooter or walker.
- The Shuttle Van is a shared ride service meaning you may not be taken directly to your destination until another rider is delivered.
- Operators are not required to leave curbside unless you have scheduled premium service.
- Operators can only wait a five (5) minutes after your scheduled departure time. Other passengers are also expecting timely pick-ups.

Applicant Signature: _____

Date: _____

Please return this completed application to:

Mountain Line Shuttle Van Services
 1221 Shakespeare
 Missoula, MT 59802

For Office Use Only

APPROVED DENIED for
 SHUTTLE VAN SERVICES

- 1. _____ Date: _____
- 2. _____ Date: _____
- 3. _____ Date: _____