



Safeguard Transportation Supplement

Instructions

Please answer all questions. If the answer to any question is NONE, please print NONE. Attach separate sheets of paper as necessary. The application must be signed and dated by the highest ranking executive. PLEASE CAREFULLY READ STATEMENT AT THE END OF THE APPLICATION BEFORE SIGNING.

General Information

1 Name of Applicant: _____

Applicant details

2 Please complete employee grid below:

	Number employed	Number contracted	Number volunteer	% Male
Number of corporate staff				
Number of drivers				
Totals				

Organization details

3 Number of vehicles _____

4 Age range of passengers _____

5 Please check yes or no in the grid below:

Services	Yes	No
Cabs		
School buses		
Charter buses		
Small group transfer		
Ambulatory		
Paratransit		
Non-emergency medical		
Other (please describe)		

