

Charter Service Request Form

The Federal Transit Administration (FTA) allows public transit systems (recipients of Federal financial assistance, the “**recipient**”) to offer charter services under certain conditions. These conditions are outlined in the table below and are further detailed in [49 CFR Part 604](#). To operate a charter service, one or more **exemption(s)** or **exception(s)** **must be met**, and the agency must obtain pre-approval from the Pennsylvania Department of Transportation (PennDOT). Requests must be submitted to agency's Bureau of Public Transportation (BPT) Program Manager using this form no later than 30 days prior to the service date. Agencies may request expedited review, which BPT may accommodate on a case-by-case basis. A response indicating approval, denial, or a request for more information will be sent to the agency within 5-7 business days. Service provided without PennDOT approval is not permitted.

Check ONE exemption OR exception below that represents Charter Service being requested:

Exemptions	
1.	Recipient provides transportation to facilitate oversight activities
2.	Private charter operator that receives federal assistance
3.	Recipient performing emergency preparedness planning and operations
4.	Recipient of 5310, 5311, 5316, and 5317 providing charter service that supports program purposes
5.	Recipient responding to immediate emergency (fill out this form after the fact)
6.	Recipient in non-urbanized area transporting its employees for training purposes outside of geographic service area

Exceptions	
1.	Transporting government officials on official government business
2.	Transporting participants of qualified human service organization (seniors, persons with disabilities, and low-income individuals)
3.	Leasing to private charter operator
4.	No registered charter provider responds to a notice sent by recipient
5.	By agreement with registered charter providers
6.	By petition to an FTA administrator

Only complete the section for the exemption OR exception selected above that represents the charter service being requested.

EXEMPTIONS:

<u>Exemption 1</u>	
Recipient provides transportation to facilitate oversight activities	
a.	Will transit system employees be transported? <input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Will non-transit system employees be transported? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
c.	Describe purpose of the Charter Service?
d.	Will payment from passengers or a third party be collected? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify from whom and payment amount:

<u>Exemption 2</u>	
Private charter operator that receives federal assistance	
a.	Are you a private charter operator and receiving Federal financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the Federal fund(s):
b.	Are you providing fixed route public transportation using federally funded buses or vans under contract to a transit agency or other public entity such as a local government transportation department? <input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Will federally funded buses or vans be used to provide requested charter service? <input type="checkbox"/> Yes <input type="checkbox"/> No

Exemption 3 Recipient performing emergency preparedness planning and operations	
a.	Will transit system employees be transported? <input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Will non-transit system employees be transported? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
c.	Provide information of the emergency preparedness planning and operations activity. (You may attach a brochure, flyer, pamphlet, or any pertinent material)
d.	Will payment from passengers or a third party be collected? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify who pays and the amount:

Exemption 4 Recipient of funds from 5310, 5311, 5316, and 5317 providing charter service that supports program purposes	
a.	Which fund will be used to support the charter service (this includes capital and operating funds)? <input type="checkbox"/> 5310 <input type="checkbox"/> 5311 <input type="checkbox"/> 5316 <input type="checkbox"/> 5317
b.	Is the charter service intended to serve the needs of human service agencies or targeted populations (elderly, individuals with disabilities, and/or low-income individuals)? <input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Provide information about the requested charter service. (You may attach a brochure, flyer, pamphlet, or any pertinent material)
d.	Will payment from passengers or a third party be collected? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify who pays and the amount:

Exemption 5	
Recipient responding to immediate emergency (fill out and submit this form after the fact)	
a.	Is the charter request due to an emergency declared by the President, governor, or mayor? <input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Briefly describe the emergency event:
c.	Was transportation provided during the emergency for more than 45 days? <input type="checkbox"/> Yes <input type="checkbox"/> No

Exemption 6	
Recipient in non-urbanized area transporting its employees for training purposes outside of geographic service area	
a.	Will transit system employees be transported? <input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Will non-transit system employees be transported? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
c.	Describe purpose of the Charter Service?
d.	Will payment from passengers or a third party be collected? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify who pays and the amount:

EXCEPTION:

<u>Exception 1</u>	
Transporting government officials on official government business	
a.	Provide information on the charter service (origin, destination, purpose, etc.):
b.	Will the charter service be within your geographic service area? <input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Have you previously provided charter service under this exception in this current fiscal year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the date(s) and number of hours of service provided since the beginning of this fiscal year:
d.	Will payment from passengers or a third party be collected? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify who pays and the amount:

<u>Exception 2</u>	
Transporting participants of qualified human service organization (QHSO)	
a.	Provide information on the requested charter service (origin, destination, purpose, etc.):
b.	Which is the intended group/s for the service? (select all that apply): <input type="checkbox"/> Seniors <input type="checkbox"/> Persons with disabilities <input type="checkbox"/> Low-income individuals <input type="checkbox"/> Others:
c.	Does the QHSO receive funding, directly or indirectly, from the programs listed in Appendix A of Part 604 ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the program name: If no, did the QHSO register on FTA’s charter registration website at least 60 days in advance of the requested service? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach a printout of the registration page to this form)
d.	Will payment from passengers or a third party be collected? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify who pays and the amount:

Exception 3 Leasing to private charter operator	
a.	Name of the private charter operator (" operator "):
b.	Does the operator register on the FTA charter registration website ? <input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Does the operator own and operate buses or vans in charter service business? <input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Has the operator exceeded its available capacity in term of either the number of vehicles operated or the number of accessible vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Has the operator checked with all registered charter providers in your geographic service area for available vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No

Exception 4 No registered charter provider responds to a notice sent by recipient	
a.	What is the date and time of receipt for the charter service request?
b.	When were e-mail notices sent to registered charter providers in your geographic service area?
c.	Does the e-mail notice include all the elements stated in 49 CFR Part 604.14? <input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Will payment from passengers or a third party be collected? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify who pays and the amount:

Exception 5

By agreement with registered charter providers

- a. Do you have an agreement with ALL registered charter providers in your geographic service area?
 Yes No If no, please explain:
- b. Have any new charter providers registered in your geographic service area since the initial agreement?
 Yes No If yes, provide names of any new provider(s) and their registration date(s):
- c. Have any of the parties to the agreement canceled the agreement as of today?
 Yes No If yes, provide the name(s) of the provider(s) and the date notification:

Exception 6

By petition to the FTA administrator

- a. Has a petition been submitted to an FTA administrator? Yes No
 If yes, attach a copy of the FTA approval document.
 If no, please explain:
- b. Which condition below applies to this petition?
- Events of regional or national significance
 Date and description of event:
- Hardship
 Is your geographic service area under 50,000 in population or small urbanized areas under 200,000 in population? Yes No
- Unique and time sensitive events that are in the public's interest
 Date and description of event:

Charter Service Requestor

Organization:

Contact Person:

Address:

Phone Number: ext.

Email Address:

Service Date(s):

Vehicle Type: Bus Van Other:

of Passengers:

Trip Itinerary (location and time):

Recipient Information

Transit System:

Will the requested charter service be provided using

Fixed route vehicle(s)
Last audited fixed route expense per revenue hour:

Demand response vehicle(s)
Last audited demand response expense per revenue hour:

Expected revenue per hour for requested charter service:

Person Completing this Form:

Phone Number: _____ ext. _____

Email Address: _____

SIGN: _____

DATE: _____

Submit Completed Charter Request Form to your BPT Program Manager.

For PennDOT Use Only

Date received:

Reviewed by:

Approved

Denied

Notes: