



TRANSPORTATION SERVICE PROVIDER APPLICATION

Legal name of company: _____

Name of company if different from legal name: _____

Owner or contact person and his/her title: _____

Phone: _____ Mobile: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

1. What geographic areas do you serve? _____

2. How long have you been in business? _____

3. What is your normal turn-around time on a service request? _____

4. What is your fare structure? _____

5. What forms of payment to do you accept? _____

6. What special assistance can you provide to seniors and persons with disabilities?

- Through-the-door transport
- Assistance with transfers into and out of the vehicle
- Wheelchair transport
- Other _____

7. Please describe any additional special skills or services:

8. Do you do the work yourself? Y / N

a) Do you have employees? Y / N

9. Do you do background checks on your workers? Y / N If Yes, what kind?

- a) Criminal? Y / N
- b) Child & dependent adult abuse? Y / N
- c) Sex offender registry? Y / N
- d.) DMV driving record? Y / N

10. Please provide:

- Copies of current licenses and certifications
- Copy of current Certificate of Insurance for your company
- Three customer references. References will be contacted by a TRAIL representative. TRAIL has identified four screening criteria for all vendors: Reliability, Expertise, Fair Pricing, and Overall Positive Customer Relationships.

References:

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Company representative signature

Date

Unless otherwise instructed, please return this form to info@trailofjohnsoncounty.org or mail to TRAIL of Johnson County, 308 East Burlington Street #196, Iowa City, IA 52240.

2/28/17