

UVA Demand and Response Transportation (DART) Program Application Form:

Part I – Completed by Applicant

Full Name:	UVA Email Address: _____@virginia.edu
UVA ID Number:	Area Code & Phone Number: _____
Local Address:	UVA Affiliation (select all that apply): <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Student-Athlete <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Emeritus
Requested Service End Date:	

To ensure the proper transportation service is provided, we request you disclose if you use a mobility device, travel with a companion, and/or have a disability that may make it difficult to communicate with the driver or access the vehicle unassisted.

Select all that apply:

- Crutches/Cane/Walker Scooter Wheelchair Require Lift-Equipped Vehicle
 Blind/Low Vision Deaf/Hard of Hearing Service Animal Personal Care Attendant
 Other: _____

By signing, you certify the above information and agree to the following:

- You agree to comply with the DART Rider’s Guide (<https://parking.virginia.edu/dart>), and
- You agree that the above information may be shared, as necessary, with the DART program providers i.e., Charlottesville Yellow Cab and Jaunt.

Applicant Signature: _____ Date: _____

Part II – Completed by Authorizing Agent

Applicants are required to have an authorizing agent attest to the applicant’s inability to ride fixed-route bus transit due to permanent or temporary disability. An authorizing agent may be one of the following:

For Students: Student Disability Access Center, Student Health, Athletics/Sports Medicine, or personal physician

For Staff, Faculty, or Emeritus: Employee Health or personal physician

The applicant is unable to use the fixed-route bus transportation and therefore is authorized to receive assistance from the DART transportation services through _____ (end date).

Authorizing Signature: _____ Date: _____

Printed Name: _____ Title: _____

Department or Practice Name: _____

Department or Practice Address: _____

Phone Number: _____ Email Address: _____

Part III – Submit

Once completed and signed by the applicant and authorizing agent, submit the form by mail, email, or fax to:

Ms. Melissa Oliver, DART Service Coordinator
Office for Equal Opportunity and Civil Rights
P.O. Box 400219, Charlottesville, VA 22904
Phone: 434-924-3095, Fax: 434-924-1313, email: mo3a@virginia.edu

After your application is reviewed, you will be notified via the email listed in your application of the decision.

Part IV – Office Use Only

Date Received: _____ ___ Approved ___ Not Approved Lives Outside Service Area: _____

Processed By: _____ Processed Date: _____

Notes: