

# 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 or email to:

Ms. Melissa Oliver, DART Service Coordinator  
Office for Equal Opportunity and Civil Rights  
**Address:** 315 Old Ivy Way, Suite 203, Charlottesville, VA 22903  
**Phone:** 434-924-3095 **Email:** [mo3a@virginia.edu](mailto: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: