FORM B

OVER-THE-ROAD BUS ANNUAL SUMMARY OF SERVICE REQUEST FORMS

Phone Number Date of Summary OTRB Annual reports must be sent to: Federal Motor Carrier Safety Administration Office of Information Management MC-RIS 1200 New Jersey Avenue, SE Washington, DC 20590	Name of OTRB Operator		
Number of requests for accessible OTRB service: Number of times these requests were met: Name of Contact Person Phone Number Date of Summary OTRB Annual reports must be sent to: Federal Motor Carrier Safety Administration Office of Information Management MC-RIS 1200 New Jersey Avenue, SE Washington, DC 20590	Address		
Number of requests for accessible OTRB service: Number of times these requests were met: Name of Contact Person Phone Number Date of Summary OTRB Annual reports must be sent to: Federal Motor Carrier Safety Administration Office of Information Management MC-RIS 1200 New Jersey Avenue, SE Washington, DC 20590			
Number of times these requests were met: Name of Contact Person Phone Number Date of Summary OTRB Annual reports must be sent to: Federal Motor Carrier Safety Administration Office of Information Management MC-RIS 1200 New Jersey Avenue, SE Washington, DC 20590	Reporting Period: Oct	cober 1, through September 30,	
Name of Contact Person Phone Number Date of Summary OTRB Annual reports must be sent to:	Number of requests for	or accessible OTRB service:	
Phone Number Date of Summary OTRB Annual reports must be sent to: Federal Motor Carrier Safety Administration Office of Information Management MC-RIS 1200 New Jersey Avenue, SE Washington, DC 20590	Number of times these	e requests were met:	
Date of Summary OTRB Annual reports must be sent to: Federal Motor Carrier Safety Administration Office of Information Management MC-RIS 1200 New Jersey Avenue, SE Washington, DC 20590	Name of Contact Person		_
OTRB Annual reports must be sent to: Federal Motor Carrier Safety Administration Office of Information Management MC-RIS 1200 New Jersey Avenue, SE Washington, DC 20590	Phone Number		
Federal Motor Carrier Safety Administration Office of Information Management MC-RIS 1200 New Jersey Avenue, SE Washington, DC 20590	Date of Summary		
Program Contact:	Federa Office 1200 N	l Motor Carrier Safety Administration of Information Management MC-RIS New Jersey Avenue, SE	
Peter Chandler	Program Contact:	Shandler	

peter.chandler@fmcsa.dot.gov

(202) 366-5763

FORM C

ACCESSIBLE OVER-THE-ROAD BUS RIDERSHIP DATA ANNUAL REPORT

Name of OTRB
Operator
Address
Reporting Period: October 1, through September 30,
Total Number of Passengers Using Lifts to Board Accessible OTRBs during this period
Of this Total Number, Number of Passengers with Disabilities Using Lifts to Board OTRBs on 48 Hours' Advance Notice
Of this Total Number, Number of Passengers with Disabilities Using Lifts to Board
OTRBs Using Service Without Advance Notice
Name of Contact Person
Phone Number
Date of Summary
OTRB Annual reports must be sent to: Federal Motor Carrier Safety Administration Office of Information Management MC-RIS 1200 New Jersey Avenue, SE Washington, DC 20590
Program Contact: Peter Chandler

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(202) 366-5763

FORM D

ACCESSIBLE OVER-THE-ROAD BUS ACQUISITION DATA ANNUAL REPORT

Name of OTRB Operator
Address
Reporting Period: October 1, through September 30,
Total Number of OTRBs in Fleet
Of that Total, Number of OTRBs in Fleet During the Reporting Period with Wheelchair Lifts
Total Number of OTRBs Bought or Leased in Reporting Period
Of that Total, Number of OTRBs Acquired or Leased in Reporting Period with Wheelchair Lifts
Name of Contact Person
Phone Number
Date of Summary
OTRB Annual reports must be sent to: Federal Motor Carrier Safety Administration Office of Information Management MC-RIS 1200 New Jersey Avenue, SE Washington, DC 20590
Program Contact: Peter Chandler

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