

FORM B

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

Name of OTRB
Operator _____

Address _____

Reporting Period: October 1, _____ through September 30, _____

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

Program Contact:
Peter Chandler
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:
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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_____

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