



## KETCHIKAN GATEWAY BOROUGH TRANSIT DEPARTMENT

### ADA PARATRANSIT APPLICATION INSTRUCTIONS

Ketchikan Gateway Borough is pleased to provide for the public transportation needs of all the area's citizens, including those with disabilities. To accomplish this goal, the Borough provides two types of service:

1. Accessible fixed-route bus service, known as The BUS; and
2. ADA paratransit service provided by the Senior Van

The buses in service on The BUS are low-floor buses, that is, there are no steps to climb to board the bus. Also, the buses can be lowered by the driver to be level with the curb, and have ramps and so they are accessible for people who use a mobility device or cannot climb stairs. Our drivers receive special training in assisting people with disabilities. Drivers announce stops at key destinations and upon request to assist passengers with visual or mental impairments. Our goal is to make our fixed-route general public service accessible to and convenient for everyone.

The Borough partners with the Senior Center to provide paratransit service for citizens whose disabling conditions prevent them from using The BUS. The service is provided according to the guidelines set forth by the Americans with Disabilities Act of 1990 (ADA). If you wish to use this service as ADA eligible for all or some of your trip needs, please complete this application.

The Borough also partners with Senior Van to provide senior transportation for persons 60 years and older. For this service, contact the Senior Center at (907) 225-6575.

The purpose of this application is to provide an opportunity for you to describe physical or personal barriers that prevent you from using The BUS. The more information you provide, the better Ketchikan Gateway Borough Transit Department will understand your transportation needs and travel challenges.

The application consists of two parts, Part 1 Applicant Questionnaire and Part 2 Verification by Treating Professional. To apply:

1. Complete Part 1 Applicant Questionnaire as thoroughly as possible and to the best of your ability. If you need assistance with completing the application, including an alternative format, you are welcome to call The BUS at (907)-225-TRAN (8726). You may also ask a family member, friend, human service agency, or health care professional.
2. Have your treating professional complete Part 2 Verification by Treating Professional. A treating professional includes a physician, physician's assistant, nurse practitioner, chiropractor, psychiatrist or psychologist, social worker, naturopathic physician, licensed clinical behavioral health practitioner, or physical or occupational therapist.

3. Mail, fax, or email a completed application (Parts 1 and 2) to:

Ketchikan Gateway Borough  
ATTN: The BUS  
1900 First Avenue, Ketchikan, AK 99901  
Fax (907) 228-6678  
Email: [transit@kgbak.us](mailto:transit@kgbak.us)

After we receive your application, we will contact you within 7 days to set up an in-person interview and to take your picture for your ADA paratransit identification card. The interview will last about an hour. A Senior Center bus will pick you up and drop you off. There is no charge for the transportation. You are welcome to ask a family member, friend, or treating professional to accompany you. Although they will not participate in the interview, they are welcome to provide information about your capabilities. There is no charge for the identification card.

Within 21 days of the interview, we will notify you of our determination of your eligibility for ADA complementary paratransit. You may be unconditionally eligible (eligible for all rides), conditionally eligible (eligible for some rides), or ineligible. If we determine that you are conditionally eligible or ineligible, you have the right to appeal the decision.

If you have any questions, please call The BUS at (907) 225-TRAN (8726).



# PART 1 APPLICANT QUESTIONNAIRE (To Be Completed by the Applicant )

**Please print.**

## A. TELL US YOUR CONTACT INFORMATION

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_

Street or P.O. Box  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_

Phone (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_ Email  
Address \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_

Emergency phone number \_\_\_\_\_ Other number \_\_\_\_\_

\_\_\_\_\_

By signing this application, I authorize Ketchikan Gateway Borough to share this information with the Senior Center and the Borough's ADA eligibility advisor, and to contact my treating professional to confirm the information I provided.

I certify that the information provided in this application is complete, correct, and true. I acknowledge that if I have omitted or misrepresented any information, this represents grounds for review of eligibility.

\_\_\_\_\_

Signature

Date

**If this application has been completed by someone other than the applicant, that individual must sign the following certification and provide the requested information:**

Please check one:

\_\_\_\_\_ I certify that the information provided in this application is true and correct based upon information given me by the applicant.

\_\_\_\_\_ I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability.

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

**B. TELL US ABOUT YOUR DISABILITY AND MOBILITY DEVICES**

1. List any disabilities or conditions which affect your ability to use The BUS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date of diagnosis or onset  
\_\_\_\_\_

2. Is the condition temporary? \_\_\_\_ Yes \_\_\_\_ No If yes, duration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Do you use any of the following mobility aids?: (check all that apply)

\_\_\_ Manual Wheelchair: Dimensions (width and length) \_\_\_\_\_ Weight with you and your equipment \_\_\_\_\_ lbs. Are you able to propel yourself, or do you need someone else to push your chair? Yes \_\_\_\_ No \_\_\_\_

\_\_\_ Electric Wheelchair: Dimensions (width and length) \_\_\_\_\_ Model \_\_\_\_\_

Weight with you and your equipment \_\_\_\_\_ lbs.

\_\_\_ Power Scooter: Dimensions (width and length) \_\_\_\_\_ Model \_\_\_\_\_

Weight with you and your equipment \_\_\_\_\_ lbs.

\_\_\_ Walker: \_\_\_ 2 wheels \_\_\_ 3 wheels \_\_\_ 4 wheels

\_\_\_ Knee scooter \_\_\_ White cane \_\_\_ Mobility Cane

Crutches                       Portable oxygen/respirator     Personal care attendant

Prosthesis (explain)

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Individually trained service animal (describe)

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Other (explain) \_\_\_\_\_

**If temporary disability, please stop here.**

4. Is your disability periodic, episodic, or good-day, bad-day? \_\_\_\_ Yes \_\_\_\_ No If yes, how? (explain)\_\_\_\_\_

5. Is your disability controlled by medication? Partially \_\_\_\_ Fully \_\_\_\_ Not controlled by medication\_\_\_\_\_ Please explain: \_\_\_\_\_

**C. TELL US ABOUT YOUR CURRENT USE OF THE BUS**

6. Do you currently ride The BUS without the help of someone else?

\_\_\_\_ Yes \_\_\_\_ No If yes, skip to question 7. If no, why not? (Mark all that apply.)

\_\_\_\_ a. The closest bus stop is too far from my house

\_\_\_\_ b. I don't know how to ride The BUS

\_\_\_\_ c. I can't walk by myself between the bus stop and my destination

\_\_\_\_ d. I'm afraid to use The BUS

\_\_\_\_ e. I don't want to use The BUS

\_\_\_\_ f. My friends/family do not use The BUS

\_\_\_\_ g. I'm afraid I'll slip and fall if it is raining or snowing

\_\_\_\_ h. There are too many steps to the bus stop

\_\_\_\_ i. The hills to/from the bus stop are too steep

\_\_\_\_ j. There is no sidewalk to the bus stop

\_\_\_\_ k. I can't cross the street to the bus stop because of the busy traffic

\_\_\_\_ l. There is no street crossing/the street crossing is too wide to the bus stop

\_\_\_\_ m. I can't carry/push items to/from the bus stop

\_\_\_\_ n. I can't use The BUS without a personal care attendant

\_\_\_\_ o. Other (please explain) \_\_\_\_\_

7. How often do you ride The BUS?

Daily  Several times per week  At least once per month   
Rarely

8. When was the last time you rode The BUS by yourself?

\_\_\_\_\_

9. Are you able to travel on The BUS without the assistance of another person?

Always  Sometimes  Never

10. If you need the help of someone else, what assistance does this person provide?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you able to reach The BUS stop nearest your home? Yes  No   
Sometimes

If your answer is No or Sometimes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Did you receive instruction in using The BUS? \_\_\_\_ Yes \_\_\_\_ No

If yes, was this:

\_\_\_\_ Orientation and Mobility Training for persons who are blind or visually impaired?

\_\_\_\_ Travel training for individuals who are sighted?

\_\_\_\_ Training with a friend or family member, or a program? (name)

\_\_\_\_\_

If yes, did you successfully complete training to use The BUS? \_\_\_\_ Yes \_\_\_\_ No

If yes:

Which route(s) did you learn?

\_\_\_\_\_

Which destinations did you learn?

\_\_\_\_\_

If no, why not?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **D. TELL US ABOUT YOUR ABILITY TO TRAVEL**

13. Without the help of someone else, my widest area of travel is: (Check all that apply.)

\_\_\_\_\_ a. My own property

\_\_\_\_\_ b. Places within the same block of my residence

\_\_\_\_\_ c. Restricted to specific places I know (such as home to work, home to shopping, home to church, etc.)

\_\_\_\_\_ d. Restricted to specific destinations that are familiar to me

\_\_\_\_\_ e. Trips I can make directly (no changing buses or transfers)

\_\_\_\_\_ f. Practically anywhere in the community

14. The reason(s) I do not travel by myself (without the help of someone else) within the community include (check all that apply):

- \_\_\_\_\_ a. I have never been taught
  - \_\_\_\_\_ b. My neighborhood is too dangerous (crime, vulnerability)
  - \_\_\_\_\_ c. I don't want to travel beyond my immediate neighborhood alone
  - \_\_\_\_\_ d. I need someone with me. I can't travel by myself
  - \_\_\_\_\_ e. I don't know what I'm going to encounter when I get off at an unfamiliar place
  - \_\_\_\_\_ e. Physical barriers prevent me (ex: no sidewalks, very busy intersection, etc.)
  - \_\_\_\_\_ f. Other (please explain) \_\_\_\_\_
- 
- 

15. My travel using The BUS without the help of someone else is restricted because I have difficulty with: (Check all that apply and add more information as needed.)

- \_\_\_\_\_ a. crossing large parking lots to get to stores or business entrances
  - \_\_\_\_\_ b. walking in areas without sidewalks
  - \_\_\_\_\_ c. traveling to new areas
  - \_\_\_\_\_ d. crossing streets between my home and the bus stop
  - \_\_\_\_\_ e. getting confused or lost
  - \_\_\_\_\_ f. traveling in bad weather
  - \_\_\_\_\_ g. walking up and down hills
  - \_\_\_\_\_ h. walking up and down steps
  - \_\_\_\_\_ i. using my wheelchair where bus stops are not accessible
  - \_\_\_\_\_ j. other (please explain)
- 
- 
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**E. TELL US ABOUT YOUR CURRENT TRAVEL**

16. Please list the destinations for which you believe you need the Senior Van and the reasons you cannot use The BUS:

Destination:

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Reasons why The BUS cannot be used:

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Destination:

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Reasons why The BUS cannot be used:

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Destination:

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Reasons why The BUS cannot be used:

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Destination:

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Reasons why The BUS cannot be used:

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17. Skills that are helpful in using The BUS: (mark all that describe your abilities)

\_\_\_ I have a cell phone with me and I know how to use it

\_\_\_ I know how to give my address and phone number

\_\_\_ I know how to ask the driver for assistance and follow directions when I need them

\_\_\_ I understand which persons I should ask for help or directions when something unexpected happens

\_\_\_ I can usually recognize landmarks, signs, or places I'm going

\_\_\_ I know how to tell what time it is

\_\_\_ I know how to drive a car

\_\_\_ I use a bus pass now, OR, I can be responsible for carrying and using a bus pass

\_\_\_ I carry money now and I can be responsible for paying the bus fare

\_\_\_ I know how to get travel and schedule information when I need it

18. Please mark all the statements below that describe your ability to use The BUS without the help of someone else:

- I use The BUS for some trips, but sometimes there are barriers that prevent me from using the bus
- I use The BUS frequently, on familiar routes to familiar destinations
- I use The BUS to go to new places
- I believe I could learn to ride The BUS if someone taught me
- I am not able to use The BUS by myself
- The severity of my disability can change from day to day. I ride The Bus when I am feeling well
- Some weather conditions prevent me from getting to and from the bus stop
- I can get to and from the bus stop if the distance is not too great
- I can use The BUS except when I am unfamiliar with new transfer points or don't know the way between the bus stop and my final destination
- The Bus does not always go to where I want to go
- I can get to the bus stop if there are no steps
- I can get to the bus stop if the hill is not too steep
- I cannot walk far in high wind
- I can get the information I need to use The BUS
- I can get to the bus stop after being shown

**F. TELL US YOUR COMMENTS**

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use The BUS.

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**End of Part 1**



**PART 2**  
**REQUEST FOR VERIFICATION**  
**BY TREATING PROFESSIONAL**  
*(To Be Completed by Treating Professional)*

The attached authorization form has been submitted by the applicant who has indicated that you can provide information regarding his/her disability and its effect on his/her ability to use The BUS. Thank you for your cooperation in this matter.

1. Capacity in which you know the applicant: \_\_\_\_\_

2. How recently have you seen/treated the applicant? \_\_\_\_/\_\_\_\_/\_\_\_\_

**A. TELL US ABOUT THE APPLICANT'S DISABILITY**

3. Medical diagnosis of condition(s) causing disability: \_\_\_\_\_

\_\_\_\_\_ Date of diagnosis or onset: \_\_\_\_\_

4. Is the condition temporary? No \_\_\_\_\_ Yes \_\_\_\_\_ Duration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Does the applicant use any of the following mobility aids? (check all that apply)

\_\_\_ Manual Wheelchair: Dimensions (width and length) \_\_\_\_\_ Combined weight of wheelchair, person, and equipment \_\_\_\_\_ lbs. Is the applicant able to propel himself/herself? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_ Electric Wheelchair: Dimensions (width and length) \_\_\_\_\_ Model \_\_\_\_\_

Combined weight of wheelchair, person, and equipment \_\_\_\_\_ lbs.

\_\_\_ Power Scooter: Dimensions (width and length) \_\_\_\_\_ Model \_\_\_\_\_

Combined weight of wheelchair, person, and equipment \_\_\_\_\_ lbs.

\_\_\_ Walker: \_\_\_ 2 wheels \_\_\_ 3 wheels \_\_\_ 4 wheels

\_\_\_ Knee scooter                      \_\_\_ White cane                      \_\_\_ Mobility Cane

\_\_\_ Crutches                      \_\_\_ Portable oxygen/respirator                      \_\_\_ Personal Care Attendant

\_\_\_ Prosthesis (explain) \_\_\_\_\_

\_\_\_ Other  
(explain)\_\_\_\_\_

**If temporary condition, please stop here and sign and date certification on page 7 .**

6. Does the applicant use a service animal? Yes\_\_\_ No\_\_\_ If yes, what kind of animal is it and what functions has it been trained to perform for the applicant?\_\_\_\_\_

\_\_\_\_\_

7. Is the applicant's disability periodic, episodic, or good-day, bad-day? Please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Is the disability the same every day? Yes\_\_\_\_\_ No\_\_\_\_\_ If no, what is a good day like? (What is the applicant able to do?)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. What is a bad day like? Does anything trigger bad days?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. How many good/bad days did he/she have last month?\_\_\_\_\_

\_\_\_\_\_

11. Is the applicant's disability controlled by medication? \_\_\_Partially \_\_\_Fully  
\_\_\_No

Please explain:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. How does the diagnosis or disability functionally prevent the applicant from using The BUS? Please note that the buses in service on The BUS have no steps, can be lowered by the driver to be level with the curb, and have ramps so they are accessible for people

who use a mobility device or cannot climb stairs. Our drivers receive special training in assisting people with disabilities. Drivers announce stops at key destinations and upon request to assist passengers with visual or mental impairments. Our goal is to make The BUS public service accessible to and convenient for everyone. If you would like more information on our service or staff training, please call Vanessa Alderson at (907) 225-8726.

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13. If the applicant has a disability affecting his/her mobility, is the person able to:

- a. Travel/move ¼ mile without the help of someone else?  
Yes\_\_\_\_ No\_\_\_\_ Sometimes\_\_\_\_ Using a mobility aid \_\_\_\_
- b. Move up and down hills without the help of someone assisting?  
Yes\_\_\_\_ No \_\_\_\_ Sometimes\_\_\_\_ Using a mobility aid \_\_\_\_
- c. Wait outside unaccompanied for 10 minutes  
Yes\_\_\_\_ No\_\_\_\_ Sometimes\_\_\_\_ Using a mobility aid \_\_\_\_

14. Does the applicant have a visual impairment? Yes \_\_\_\_ No \_\_\_\_

Visual Acuity with Best Correction:

Right Eye\_\_\_\_ Left Eye\_\_\_\_ Both Eyes\_\_\_\_ Legally Blind\_\_\_\_

Visual Fields:

Right Eye\_\_\_\_ Left Eye \_\_\_\_ Both Eyes\_\_\_\_

15. Does the applicant demonstrate inappropriate social behavior (example: aggressive or overly friendly). Yes\_\_\_\_ No\_\_\_\_ If yes, please describe:\_\_\_\_\_

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16. Does the applicant currently experience auditory or visual hallucinations?

Yes\_\_\_\_ No\_\_\_\_ If yes, please describe.\_\_\_\_\_

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17. Is the applicant prescribed any psychotropic, antidepressants or other medications prescribed by you or another professional? Yes\_\_\_\_ No\_\_\_\_
18. Do you have reason to believe the applicant is taking his/her medication? Yes\_\_\_\_ No\_\_\_\_
19. Is the applicant able to travel independently in the community when he/she is compliant in taking medication? Yes\_\_\_\_ No\_\_\_\_

**B. TELL US ABOUT THE APPLICANT'S ABILITY TO TRAVEL**

20. Describe below if and how the disability *prevents* (not merely makes difficult) the applicant from carrying out the following activities. What is the effect and the extent of limitation caused by the disability?

a. Traveling alone outside the house?\_\_\_\_\_

\_\_\_\_\_

b. Leaving the house on time?\_\_\_\_\_

\_\_\_\_\_

c. Seeking and acting on directions?\_\_\_\_\_

\_\_\_\_\_

d. Finding the way to or from a bus stop?\_\_\_\_\_

\_\_\_\_\_

e. Crossing streets?\_\_\_\_\_

\_\_\_\_\_

f. Waiting for a bus?\_\_\_\_\_

\_\_\_\_\_

g. Boarding the correct bus?\_\_\_\_\_

\_\_\_\_\_

h. Riding on the bus?\_\_\_\_\_

\_\_\_\_\_

i. Transferring to a different bus or exiting at the correct destination?\_\_\_\_\_

\_\_\_\_\_

j. Monitoring time? \_\_\_\_\_

\_\_\_\_\_

k. Dealing with unexpected situations? \_\_\_\_\_

\_\_\_\_\_

21. Can applicant manage a direct trip (no transfers)? Yes\_\_\_\_ No\_\_\_\_

A trip involving a transfer? Yes\_\_\_\_ No\_\_\_\_

How does the applicant know where to get off the bus? \_\_\_\_\_

\_\_\_\_\_

22. How does the applicant find his/her way back? \_\_\_\_\_

\_\_\_\_\_

23. Does the applicant:

a. Drive a car? Yes\_\_\_\_ No\_\_\_\_ Sometimes\_\_\_\_

b. Ride a motorcycle? Yes\_\_\_\_ No\_\_\_\_ Sometimes\_\_\_\_

c. Ride a bicycle? Yes\_\_\_\_ No\_\_\_\_ Sometimes\_\_\_\_

24. Is the applicant able to ask for assistance from appropriate individuals such as the bus driver, police, etc.? Yes\_\_\_\_ No\_\_\_\_ Sometimes\_\_\_\_

25. How and to what extent does the applicant understand the concept of stranger awareness, not going with or following strangers, asking appropriate person for help, etc.?

\_\_\_\_\_

\_\_\_\_\_

26. Does the applicant know how to use a telephone? Yes\_\_\_\_ No\_\_\_\_ Have and use a cell phone? Yes \_\_\_\_ No \_\_\_\_

27. Is the applicant able to tell and/or monitor the passage of time? Yes\_\_\_\_ No\_\_\_\_

28. Can the applicant:

Pay fares? Yes\_\_\_\_ No\_\_\_\_

Handle money? Yes\_\_\_\_ No\_\_\_\_

Use a bus pass? Yes\_\_\_\_ No\_\_\_\_

29. Are any of the following skills affected by the applicant's disability? (*check all that apply*):

- |   |                       |                      |
|---|-----------------------|----------------------|
| ___ Judgment                            | ___ Problem solving   | ___ Insight          |
| ___ Coping skills                       | ___ Short-term memory | ___ Long-term memory |
| ___ Concentration                       | ___ Orientation       | ___ Communication    |
| ___ Attention to task (distractibility) |                       |                      |

30. Does the applicant require the assistance of a personal care attendant to travel? Yes \_\_\_  
No \_\_\_

31. Does the applicant have a cognitive or communications disability? Yes \_\_\_ No \_\_\_ If yes,  
is the applicant/patient able to:

- a. Give addresses and telephone numbers upon request? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_
- b. Recognize a destination or landmark? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_
- c. Deal with unexpected situations or unexpected change in routine?  
Yes \_\_\_ No \_\_\_ Sometimes \_\_\_
- d. Ask for, understand and follow directions? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_
- e. Request assistance from qualified professionals (transit staff, police, etc.) when needed?  
Yes \_\_\_ No \_\_\_ Sometimes \_\_\_
- f. Understand and respond appropriately to strangers? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_
- g. Safely and effectively travel through crowded and/or complex facilities?  
Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

**C. TELL US ABOUT THE APPLICANT'S CURRENT TRAVEL**

32. Where does the applicant currently travel in the community and what transportation does  
he/she use to get there? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

33. Is the goal of traveling independently (even limited travel in the neighborhood) within the  
context of treatment for this applicant? Yes \_\_\_ No \_\_\_

34. Does the applicant travel independently to various activities such as shopping, work, etc.?

Yes\_\_\_ No\_\_\_ If no, what assistance or accommodations have been provided to make this possible? \_\_\_\_\_

35. Has the applicant ever received travel training to learn how to use public transit? Yes\_\_\_

No\_\_\_ When was the training? \_\_\_\_\_ Who provided the training? \_\_\_\_\_

36. What places did the applicant learn to travel to? \_\_\_\_\_

37. Since the applicant received travel training does the applicant travel to those places?

Yes\_\_\_ No\_\_\_

38. Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided in this document is complete, correct, and true. I acknowledge that if I have omitted or misrepresented any information, this represents grounds for review of eligibility for the applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (*please print*): \_\_\_\_\_

Title: \_\_\_\_\_

Practice or Agency Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

**PLEASE RETURN THIS DOCUMENT TO THE APPLICANT. THE APPLICANT IS RESPONSIBLE FOR SUBMITTING ALL INFORMATION TO KETCHIKAN GATEWAY BOROUGH TRANSIT DEPARTMENT**

**End of Part 2**