

**AMERICANS WITH DISABILITIES ACT
REPORTING REQUIREMENTS AND FORMS FOR
OVER-THE-ROAD BUS OPERATORS**

This is a synopsis of the reporting requirements for Over-the-Road Bus operators under the Americans with Disabilities Act. Sample reporting forms are included. For complete details, visit: <http://www.fmcsa.dot.gov/rules-regulations/bus/company/ada-guidelines.htm>

I. Service Request Form Summaries (Form B)

WHO: Any OTRB operator providing accessible service on 48-hours advance notice. This includes: (a) fixed route operators required to provide accessible service on 48-hours' notice; (b) demand-responsive operators required to provide accessible service on 48 hours' notice; and (c) small mixed service operators who choose to provide accessible service on 48 hours' notice. Also, any small fixed route OTRB operator providing equivalent service.

WHAT: Each time a passenger requests accessible service, the operator must complete a Service Request Form (see the attached Form A), noting the passenger's name and address, the date, time and location of the requested trip, and whether or not the requested service (or equivalent service) was provided. In addition to providing a copy of the completed form to the passenger, the Department of Transportation requires that OTRB operators keep a copy of the forms for five years. DOT also requires that OTRB operators submit a summary of those forms every year. The summary must state:

- the number of requests for accessible service made in the past year;
- the number of times the request for accessible service was met (or equivalent service was provided) ; and
- the name, address, telephone number and contact person name for the operator.

WHEN: The summary report is due annually by the last Monday of every October. Each annual report covers the time period from October 1 of the prior calendar year through September 30 of the current calendar year. [Example: the report submitted on October 29, 2011 should cover the period October 1, 2010 through September 30, 2011.]

II. Accessible Bus Ridership Data (Form C)

WHO: All fixed route OTRB operators.

WHAT: Operators must submit an annual report on how many passengers with disabilities used the lift to board accessible OTRBs over the previous year. The report must provide separate data pertaining to passengers receiving service on 48 hours' advance notice and passengers receiving other service.

WHEN: Large fixed route operators (over \$5.3 million in annual revenue) were required to submit their first ridership report on March 26, 2011, covering ridership for the period October 1, 1999 through September 30, 2010. [Note: If you have not yet submitted this report, you should submit it along with the next required report.] The second report for large fixed route operators is due October 29, 2011. All small fixed route operators must also submit a ridership report by October 29, 2011. These October 29, 2011 reports must cover ridership for the period October 1, 2010 through September 30, 2011.

III. OTRB Acquisition and Lease Data (Form D)

WHO: All OTRB operators.

WHAT: All OTRB operators must make an annual report on how many new or used OTRBs they have purchased or leased over the reporting period, and how many of those OTRBs have wheelchair lifts. The report must also include the total number of OTRBs in the operator's fleet, and the name, address, telephone number and name of contact person for the operator.

WHEN: The first report was due March 26, 2011, and covered the period from October 1, 1998 through September 30, 2010. [Note: If you have not yet submitted this report, you should submit it along with the next required report.] The next report is due October 29, 2011, and covers the period from October 1, 2010 through September 30, 2011. Subsequent reports are due on the last Monday of each October.

IV. Where to Send Reports

All of these annual reports (Forms B, C and D--not the individual Service Request Forms, Form A) must be sent to:

Federal Motor Carrier Safety Administration
Office of Information Management MC-RIS
1200 New Jersey Avenue, SE
Washington, DC 20590

**ACCESSIBLE OVER-THE-ROAD BUS
SERVICE REQUEST FORM**

Form for Advance Notice Requests and Provision of Equivalent Service

1. Operator's Name _____

2. Address _____

3. Phone Number _____

4. Passenger's Name _____

5. Passenger's Address _____

6. Passenger's Phone Number _____

7. Scheduled date(s) and time(s) of trips _____

8. Date and time of request _____

9. Location(s) of need for accessible bus or equivalent service, as applicable _____

10. Was accessible bus or equivalent service, as applicable, provided for trip(s)?

_____ Yes _____ No

11. If No, was there a basis recognized by the U.S. Department of Transportation regulations for not providing an accessible bus or equivalent service, as applicable, for the trip(s)?

_____ Yes _____ No

If Yes, explain _____

**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 _____

**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 _____

**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 _____

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 _____