Deviation Request Form

(Please complete this form in its entirety & return to 420 DuPont Road, MORGANTOWN, WV 26501, FAX 291-7429, or email to ADAOfficer@busride.org)

Date: ________________________________

Applicant's Name: _______________________________________________________

Street Address: ____________________________________________________________

APT #: ____________________________

City: ___________________________ State: __________ Zip: __________

Telephone:

Home: ____________________________ Work: ____________________________ Email: ____________________________

Deviations Location

Same as above address? ________

Location or Person's Name: _______________________________________________

Street Address: ___________________________________________________________

City: ___________________________ State: __________ Zip: __________

Do you know the name of the nearest bus route? ____________________________

General Information

Does this deviation request need to accommodate any of the following assistive devices or mobility aids? (Please check all that apply)

- Cane
- White cane
- Walker
- Crutches
- Prosthesis

- Manual wheelchair
- Powered wheelchair
- Powered scooter/cart
- Boarding chair
- Other (please describe): ____________________________________________

(Turn over please). ....
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DESCRIPTION OF DEVIATION REQUESTED

Please provide us with detailed, written directions to the location of your requested deviation. Include street names and any landmarks that will be helpful to the driver. Also include a map that can serve as an additional guide to your requested deviation, if possible.

OFFICE USE

Date Rec’d: ___/___/____ Date of Site Visit: ___/___/____ Date of Notification: ___/___/____

____ Yes, the Deviation Request is Approved

____ No, a deviation is not necessary for use of MLTA bus service at this location §37.169(c)(3)

____ No, a deviation to this location would directly threaten the health, safety and welfare of others §37.169(c)(2)

____ No, a deviation to this location would expose/require exposure of the vehicle to hazards §37.169(c)(2)

____ No, a deviation to this location would require leaving passengers unattended for extended periods §37.169(c)(2)

____ No, a deviation would require fundamental change to existing services significantly impacting passengers §37.169(c)(1)

____ No, a deviation to this location would create a significant financial or administrative burden §37.169(c)(1)

____ No, the requested location was more than ¼ of a mile from existing services

(If this Deviation Request was denied, please attach a detailed explanation)