

**Alaska Community Transit Office**  
STATE OF ALASKA

Agency: \_\_\_\_\_

**GENERAL INFORMATION**

Report for the Period Ending: \_\_\_\_\_ Date: \_\_\_\_\_ DUNS#: \_\_\_\_\_

Agency Address \_\_\_\_\_ **AK**  
Mailing Address City/Community State Zip

Physical Address of Vehicle: \_\_\_\_\_ **AK**  
Address City/Community State Zip

VIN: \_\_\_\_\_ License No: \_\_\_\_\_ Fleet Service ID: \_\_\_\_\_

**SERVICE INFORMATION**

Status: \_\_\_\_\_ Condition: \_\_\_\_\_ as of Date: \_\_\_\_\_

Odometer Reading: \_\_\_\_\_ Reading as of Date: \_\_\_\_\_

Maintenance Plan: \_\_\_\_\_ Expected Retirement Year: \_\_\_\_\_

**SERVICE DATA & PASSENGER TOTALS**

	Vehicle Revenue Miles (VRM)	Vehicle Revenue Hours (VRH)	Regular Unlinked Passenger Trips (RUPT)	Sponsored Unlinked Passenger Trips
Demand Response				
POS				
Other				

Total Passenger Trips: \_\_\_\_\_ How many of these Unlinked (Regular & Sponsored) Passenger trips were delivered on a vehicle purchased with 5310 Fund? \_\_\_\_\_

**TRIP DISTRIBUTION & TRUST BENEFICIARIES**

Elderly (Not Disabled/Not Wheelchair)	
Elderly (Wheelchair or Disability)	
Disabled under 60 Years (Not Wheelchair)	
Disabled under 60 Years (Wheelchair)	
Youth / Students	
All Other / General Public	
<b>Total Passenger Trips by Distribution:</b>	

Of the numbers reported above in Trip Distribution, how many are Trust Beneficiaries? Provide a total number of riders based on the categories below:

Mental Illness; Developmental Disabilities; Alzheimer's and Other Dementias; Chronic Alcoholism; Traumatic Brain Injury

Total: \_\_\_\_\_ n/a

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**SAFETY DATA**

Type	#	Comments
Reportable Incidents		
Accidents		
Fatalities		
Injuries		

**ATTACHMENTS**

Proof of Insurance

Maintenance Plan & Records from July 1, \_\_\_\_\_ – June 30, \_\_\_\_\_

**SIGNATURE**

By signing below, I certify that the vehicle(s) identified in this report are insured and regularly maintained according to the Maintenance Plan and are used primarily to provide transportation services for persons with disabilities and the elderly, in accordance with the terms of Section 5310/Alaska Mental Health Trust agreement with the Alaska Community Transit office and the Alaska Transit State Management Plan.

\_\_\_\_\_  
*Name: Agency Representative authorized to sign on behalf of Agency*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*