Eagan, MN 55121



Company Information - 20	16				
Company Name	Contact	Name		Contact Type	
				Manager Owner	Dispatch Other
Office Address	City	State	Zip	Contact Phone	Dispatch Phone
Transportation Type (Check all that apply):				Email	Fax
Common Carrier(CC) Special Transportation(STS)					
Office Hours	Driving Hours			Do you prefer ride re	equests via Fax, Email or
Monday-Friday:	Monday-F	Friday:		Both? (Check all that apply)	
Saturday:	rday: Saturday:			_	
Sunday:	Sunday:			Email	Fax
Will you be available for afterhour calls to arrange urgent, emergent or				Which languages do	your drivers speak?
discharge rides between the	hours of 4:30 PM	1 and 8:00AM	Л, M-F, Holidays		
and Weekends?					
Yes No After Hours Phone #					
Please indicate how many of each item you have available. If you have					does your company hold?
Wheelchair Van (Reg.)	of a certain type, mark the box with a 0 (zero). chair Van (Reg.) Wheelchair Van (X-Wide)		اه)	(Check all that apply): MNDOT USDOT	
Passenger Vans	Stretcher		=1	My company provides STS, but only for	
Small Bus	Bariatric S				mbulatory w/ assistance.
Cars	Manual Li			-	
Number of Drivers(CC)	Power Lift			Check box if the above is applicable	
` '				Please indicate if you can provide any of the	
Number of Drivers(STS)	Car Seats	Car Seats			i can provide any of the
Can you carry Oxygen?				following services: Same Day Rides:	
If you provide Special Transportation, what is your weight limit for each				Afterhours Nurseline Rides:	
type?			Ilmit ioi eacii		
	NA/le e el ele	har it is a sound of		Holiday Rides:	
Wheelchair Van (Reg.)		air Van (X-Wide	e)	Weekend Rides:	
Stretcher	Bariatric S			ASAP Rides:	يراس ومسائله مسائله
List counties that you will ac		D have arive	rs stationed in (i	Note: you will be assig	ned the entire county
and that we cannot assign p	artiai counties).				
···	St. 1			··· · · · · · · · · · · · · · · · · ·	" ! " (D
List any counties that you do			=		dhead miles (Deadhead
miles are are unloaded miles	s that are travered	J WILIIOUL a p	assenger in the	veniciej.	
Du signing I cortify that the above i	information is correct				
By signing, I certify that the above i understand that falsification of this					
removal from the counties in which	I can serve. Rides are	e not	_		
guaranteed but are assigned based	on the member's requi	lest E-Signa	iture	Date	