



United States Department of Transportation  
Federal Transit Administration

## FTA Charter Registration

Private Charter  
Operator Registration

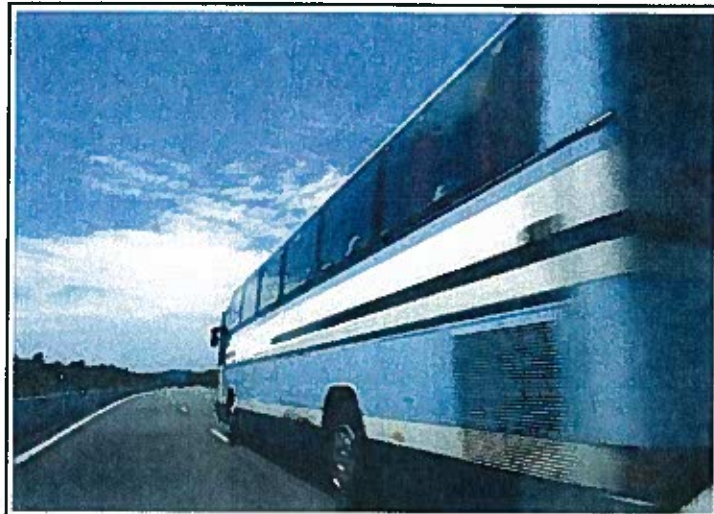
Submit  
New

Search  
Existing

Qualified Human  
Service Organization Registration

Submit  
New

Search  
Existing



Version 1.0.6

### Welcome to FTA's Charter Registration Website!

This website is designed to provide the public and public transportation agencies with information regarding private charter operators serving their areas and was designed in consultation with public transportation agencies and private charter operators.

This website will allow you to:

Submit New Private Charter Operator Registration
Submit New Qualified Human Service Organization Registration
Search Existing Private Charter Operator Registrations
Search Existing Qualified Human Service Organization Registrations
Access Quarterly Reports through TEAM

While FTA accepts submissions from private charter operators and qualified human service organizations, FTA does not verify the accuracy of the information submitted. Members of the public using this site should contact the private charter operators directly for more information regarding their services.

More information can be obtained in the [Help](#) and [Contact](#) FTA sections.



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## FTA Charter Registration

<b>Private Charter Operator Registration</b>	<b>Submit New</b>	<b>Search Existing</b>	<b>Qualified Human Service Registration</b>	<b>Submit New</b>	<b>Search Existing</b>
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### New Private Charter Operator Registration

\* = Required

#### Business Information

**Company \***

**Name:**

**Address: \* Street:**

**City:**

**State:** --Select--

**Zip Code:**

**Phone: \*** - -

**Fax: \*** - -

**Email \* Address:**

**Web Address:**

**Federal or \* State Motor Carrier Identifying Number:**

**Number of \***

**Vehicles Owned: Buses:**

**Vans:**

I hereby certify that my business has valid insurance coverage for areas that I provide charter service to  and for those areas that I intend to provide charter service to. \*

Willing to provide free or reduced rates to Qualified Human Service Organizations?

**Geographic Service Area (select your service areas; at least one area is required)**

List of States and Cities previously added:

Specify one state at a time with the applicable cities:

None

Select State: --Select--

**Provide service for entire state?**

City: AARONSBURG   
(Hold CTRL for ABBEVILLE   
multiple selections) ABBOT   
ABBOTSFORD   
ABBOTT   
ABBOTTSTOWN   
ABBYVILLE   
ABELL   
ABERCROMBIE   
ABERDEEN

- OR -

**Are you interested in originating service anywhere in the continental U.S.?**

This information will be automatically mapped to the appropriate zip codes.

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**Contact Information** (For internal use by administrators of the website. This information will not be provided to the public.)

**Contact \***  
**Name:** First Name: Last Name:  
**Business \***  
**Phone:** - -



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Private Charter Operator Registration	Submit New	Search Existing	Qualified Human Service Registration	Submit New	Search Existing
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### New Qualified Human Service Organization Registration

In order to receive charter service from a public transit agency in your geographic service area, you must be registered at least 60 days before the date of the requested charter service.

\*\*\*\* Please note that Qualified Human Service Organizations are only organizations that serve the disabled, low income, or the elderly. \*\*\*\*

\* = Required

#### Organization Information

**Organization \***  
Name:

**Address: \*** Street: City:  
State: --Select-- Zip Code:  
**Phone: \*** Fax:

**Email Address: \*** Web Address:

**Exempt From \*** --Select--  
Taxation?

**Do you receive \***  Yes  No  
funds directly  
or indirectly  
from a state or  
local program?

**Publicly \***  Upload File  Enter text  
Available  
Financial  
Statement:  
Upload a file (Refer to  
IRS Form 990) or enter  
text

**File Location: \***  (Valid File Types: gif, jpeg, pdf)

**File Description: \***

**Uploaded File:**

**Please \***  
describe how  
the requested  
charter service  
is consistent  
with the  
mission of  
your  
organization:

**Geographic Service Area (Select all the grant recipients you may request service from; at least one is required)**

List of  
States  
and Grant  
Recipients  
previously  
added:

Specify one state at a time with the applicable grant recipients:

None

State: --Select--	<input type="checkbox"/>
Grant Recipient: *	<input type="checkbox"/>
(Hold CTRL for multiple selections)	

**Contact Information** (For internal use by administrators of the website. This information will not be provided to the public.)

Contact Name: \* First Name: Last Name:

Business \* Phone: [Redacted]

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