



United States Department of Transportation  
Federal Transit Administration

# 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:**

**Doing Business As (D/B/A):**

**Address: \* Street:**   
**State:**

**City:**

**Zip Code:**

**Phone: \***  -  -

**Fax: \***  -  -

**Primary \* Email Address:**  
An email address with multiple recipients is preferred

**Web Address:**  
Include http:// or https:// at beginning of URL

**Federal or \* State Motor Carrier Identifying Number:**  
The data field is not your tax ID

**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:

None

Specify one state at a time with the applicable cities:

Select State:  ▾

Provide service for entire state?

City:   
(Hold CTRL for multiple selections)

- ABBEVILLE
- 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:

Alternative  
POC Email   
Address:

Business \*  
Phone:  -  -

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