



Charter Application

Please answer the questions below. This application is not a guarantee of service. Eastern Sierra Transit Authority (ESTA) is a federally funded agency. The California Code of Regulations 49 CFR 604 requires extensive notifications, data gathering, and reporting in order for ESTA to provide charter services. There are conditions which prevent ESTA from providing certain charter services including, but not limited to, orders from the ESTA Board of Directors.

1. Business Name: _____

2. Address: _____

3. Contact Person's Name: _____

4. Phone #'s: _____ Email: _____

5. List dates, times, locations, map of routes, and total hours of each day's service (Use extra pages if needed. If the service is a loop, indicate in the notes section):

1. Date: _____ Start time: _____ Start address: _____

Notes: _____

End Time: _____ End address: _____

Notes: _____ Total Hours: _____

2. Date: _____ Start time: _____ Start address: _____

Notes: _____

End Time: _____ End address: _____

Notes: _____ Total Hours: _____

3. Date: _____ Start time: _____ Start address: _____

Notes: _____

End Time: _____ End address: _____

Notes: _____ Total Hours: _____

4. Date: _____ Start time: _____ Start address: _____

Notes: _____

End Time: _____ End address: _____

Notes: _____ Total Hours: _____

5. Date: _____ Start time: _____ Start address: _____

Notes: _____

End Time: _____ End address: _____

Notes: _____ Total Hours: _____

6. Date: _____ Start time: _____ Start address: _____

Notes: _____

End Time: _____ End address: _____

Notes: _____ Total Hours: _____

6. Frequency of service expected. For example, every 30 minutes, hourly, out and back trip, etc.

7. Approximate number of total passengers from all services requested: _____

8. Maximum number of passengers on a vehicle at the same time: _____

9. Number of wheelchairs/mobility devices that must be tied down: _____

10. Are you a Qualified Human Services Organization? Ask, if you're unsure.
Circle one: Yes or No

11. Comments: _____



ESTA Charter Agreement

ESTA requires that all recipients of charter services sign and agree to the terms of ESTA Charter Services Policy and Procedures. By signing below, you declare that you read, understand, and agree to the terms stated in this Policy.

Applicant's Signature

Date

Print Name

Town of Mammoth Lakes Office Use Only

Public Works Director
or designee

Date

Parks & Recreation Director
or Designee

Date

- Completed TOML Special Event Permit? Yes / No
- Approved for Measure U Funding? Yes / No

ESTA Office Use Only

Charter Approved: _____
ESTA Executive Director

Charter Denied: _____
ESTA Executive Director

Reason for Denial: _____