

METRO SHARE AGENCY APPLICATION

AGENCY: _____ PHONE: _____
ADDRESS: _____ CITY: _____ ZIP CODE: _____
AGENCY WEBSITE: _____
AGENCY CONTACT: _____ EMAIL ADDRESS: _____

Upon clearance with the Michigan Secretary of State and the Insurance Agency, members of the following Organizations have been approved to operate the Metro Share vans. Please indicate which category your Agency qualifies as:

- Government agencies within Kalamazoo County.
- Non-profit agencies serving senior populations within Kalamazoo County
- Non-profit agencies serving disability populations within Kalamazoo County

Please attach a brochure or any relevant literature describing your Agency's goals, mission, and clients you serve.

All of the above information and certifications are accurate and true to the best of my current knowledge, and I hereby authorize Metro Share to verify any information. **NOTE:** All applications will be reviewed by the Central County Transportation Authority (CCTA) Risk Management Team and approval is subject to their final determination.

Applicant Signature: _____ **Date:** _____

This information is requested for authorization to participate in the Metro Share Program and for inclusion of the operator under the current Van Insurance Policy. **Please complete, sign, date and send this application.**

Metro Share

530 N. Rose Street
Kalamazoo, MI 49007
269-337-8858 tel | 269-337-8211 fax | www.kmetro.com

Approved by: _____ Date: _____
(Richard G. Congdon, Program Manager)

