



**ASHCROFT-CLINTON TRANSIT SYSTEM  
SPECIAL TRANSIT SERVICE REQUEST APPLICATION FORM**

Please complete the following and submit this form to the **Village of Ashcroft** for consideration and approval. Please print clearly.

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

GROUP SPONSORING USE: \_\_\_\_\_

GROUP USING BUS (IF DIFFERENT): \_\_\_\_\_

MAILING (BILL TO) ADDRESS: \_\_\_\_\_

DATE REQUIRED: \_\_\_\_\_ PICK UP POINT: \_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_ RETURN TIME: \_\_\_\_\_

PURPOSE (BRIEF DESCRIPTION OF EVENT, INCLUDING DESTINATION):  
\_\_\_\_\_  
\_\_\_\_\_

ESTIMATED NO. RIDERS: \_\_\_\_\_

**TERMS OF SERVICE REQUEST AS OUTLINED ABOVE**

1. I/We acknowledge and agree that the service is being provided on an "as is" basis and without any warranty as to the suitability of the bus for the requested purpose, with the Operating Company license and insurance in place.
2. I/We agree to pay the Local Government the fees estimated as follows:
  - a. The Local Government, once the service hours have been confirmed, will invoice at an hourly rate of \$ 58.73 following approval of the request
  - b. An invoice will be sent to the requester within approximately 14 days of the service being executed.
  - c. The invoice shall be paid by the requestor, without deduction or set off, within 30 days of the invoice date.
3. Cancellations must be made more than 48 hours prior to the scheduled departure time; cancellations made less than 48 hours prior to departure time, including no shows, are subject to a 2-hour charge.
4. The Operating Company will operate the bus at all times, and return the bus to its Terminal as agreed between the parties on the date and by the times set out in the information noted above or as otherwise agreed between the parties.
5. The bus shall be used for the approved purpose and for no other purpose whatsoever without the Local Government and BC Transit's prior written consent. BC Transit prohibits the use of alcohol on our buses. Standard Operating Procedures must be followed at all times by the Operating Company when providing outside of regular scheduled service.  
I/We have read, acknowledge, understand, and accept the **Village of Ashcroft's** Special Transit Services Terms for use of the Ashcroft-Clinton **Transit System** Bus.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date Submitted*

-----LOCAL GOVERNMENT'S OFFICE USE ONLY-----

- This request provides community benefit. *(Check if true)*
- This request does not compete directly with private operators that could otherwise provide the services indicated in the details on this request form? *(Check if true)*
- Local Government, by signing below, approves the request for Special Transit Services within for the above stated use.

\_\_\_\_\_  
*Signature of Local Government Official*

\_\_\_\_\_  
*Date Submitted*

-----OPERATING COMPANY OFFICE USE ONLY-----

- Appropriate Insurance is in place to perform the Special Transit Service Request. *(Check if true)*
- This request does not impede the Operating Company's ability to perform Regular Scheduled Service? *(Check if true)*

Estimated Total KMs: \_\_\_\_\_

Total billable hours required to deliver the request: \_\_\_\_\_

Operating Company Driver Comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Operating Company Official*

\_\_\_\_\_  
*Date Submitted*

-----BC TRANSIT OFFICE USE ONLY-----

- By signing below, I have ensured the Special Transit Service request is aligned with the Special Use of BC Transit Vehicles and Special Transit Services Requests policies.

\_\_\_\_\_  
*Name and signature of Regional Transit Manager*

\_\_\_\_\_  
*Date Submitted*