

# Missouri Department of Transportation

## Transit Repair / Replacement Program

Application for Repairs Exceeding \$5,000 or more.

Date: \_\_\_\_\_

Name of Grantee/Organization:

Contact Person:

Address:

City, State, Zip:

Telephone number:

### Check appropriate section identifying funding source of vehicle

Section 5309 (3)

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Section 5310(16)

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Section 5311 (18)

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**Year**

**Make**

**VIN**

**Mileage**

**Estimate 1**

**Estimate 2**

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**Type of Repair**

Please **append two or more estimates** with this application form for MoDOT's evaluation.

Signature of Contact Person:

**MoDOT Internal Use**

**Program Manager's comments and recommendation:**

Approved / Denied      Amount Approved \_\_\_\_\_      P/M Signature: \_\_\_\_\_

Please submit request to Breeze McCracken at breeze.mccracken@modot.mo.gov for review.