

## Missouri Department of Transportation - Transit Repair/Replacement Program Application Form

Date: \_\_\_\_\_  
Name of Grantee/Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

**Check appropriate box identifying funding source of vehicle**

Section 5309 (3)                       Section 5310 (16)                       Section 5311 (18)

**Vehicle Type**  Van    Bus    other \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ VIN # \_\_\_\_\_ Mileage \_\_\_\_\_

**Please check below item to be repaired/replaced:**

Transmission  Differential    Engine  
 Wheelchair Lift         Air Conditioning         Other, Please give detail:

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

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

**Signature of Contact Person:** \_\_\_\_\_

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**MoDOT – Internal Use**

Estimate 1 \_\_\_\_\_ Estimate 2 \_\_\_\_\_

**MoDOT Inspector's Comments and Recommendation**

\_\_\_\_\_

**Approved / Denied**   **Amount \$** \_\_\_\_\_   **MoDOT's Signature** \_\_\_\_\_

\_\_\_\_\_