



Form 2 - Vehicle Status Report

Transit Assistance for People with Disabilities

Name of Municipality: _____

A separate report is required for each vehicle.

If the report is being submitted with an *Application for Capital Grant*,
an updated report may be requested once the application review process begins.

Vehicle Identification: _____
(Year) (Make/Model) (Serial No.)

Vehicle Registration: _____
(Class) (Class Description) (Issued To)

Current Odometer Reading _____ kms as at _____
Date read (mm/dd/yy)

Vehicle Status Active Spare Other _____

Type of Wheelchair Lift: _____ Manufacturer of Lift: _____

Passenger Seating Capacity (not including driver):
Ambulatory _____
Wheelchairs _____
Other _____ *Specify* _____
Total _____

Wheelchair Passengers face (no. facing each direction):
Forward _____
Side _____
Diagonal _____
Back _____
Total _____

Method of Passenger Entry: (side &/or rear door, lift access only, lift & door) _____

Method Used for Wheelchair Restraint: Q'straint Kinnedyne Other (specify) _____

Recent Repairs (date and description) _____

Major Repair History (attached details if required) _____

Highway Traffic Board Inspection (an inspection is required annually)

_____ Date (mm/dd/yy) _____ Results

Projected Replacement Date: _____

Has a Vehicle Replacement Reserve been built-up? Yes No If Yes, to what amount? _____

DECLARATION

I certify that the amount above is complete and accurate.

_____ Date (mm/dd/yy) _____ Position _____ Signature _____

Please submit to: Grants Administration and Financial Management Phone: (306) 787-3088
Ministry of Municipal Affairs Fax: (306) 787-3641
410 – 1855 Victoria Avenue REGINA SK S4P 3T2