



Seneca Nation  
Department of Education / Transportation  
Cattaraugus Territory  
2016 Hënödeyësta Dr. Suite 2 · Irving, NY 14081  
Phone: (716) 532-8152  
Fax: (716) 532-8199

### Request for Bus / Van Use

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

Department/Organization: \_\_\_\_\_

Responsible Person/Party's Name (Please Print): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Date(s) needed: From: \_\_\_\_\_ To: \_\_\_\_\_  
One time use: ( )  
Re-occurring use: ( )  
(Attach schedule)

Time Needed: From: \_\_\_\_\_ am/pm To: \_\_\_\_\_ am/pm

Requesting Bus or Van: \_\_\_\_\_ No. of Passengers: \_\_\_\_\_ No. of Busses: \_\_\_\_\_

Destination: \_\_\_\_\_ Address: \_\_\_\_\_

Pick Up Location: \_\_\_\_\_

Drop Off Location: \_\_\_\_\_

Driver(s) Name: \_\_\_\_\_ Bus No: \_\_\_\_\_

#### Responsibilities for Requesting Use of Bus/Van:

1. \_\_\_\_\_ If an SN Department or Organization is requesting use of a bus or van it is the responsibility of the Education/Transportation to contact the driver(s) and make all proper arrangements, prior to submitting this request for final approval.
2. \_\_\_\_\_ If an SN department or organization hires their own driver, under their department, they must notify and submit all required paperwork to the Education/Transportation Office, to have their driver added and approved to drive any of the SN buses.
3. \_\_\_\_\_ The Education/Transportation will be responsible to make sure the bus or van is topped off prior to leaving each activity run. If a department is requesting use, the Education/Transportation department will top the bus off after use. If an organization is requesting use, it is their responsibility to replace any fuel used and must make sure the bus or van is topped off prior to returning from their activity run. The driver will verify with a copy of the fuel receipt to be handed in when the keys are returned.

4. \_\_\_\_\_ The Department or Organization is responsible to provide their own chaperone(s), they will be responsible for the supervision of ALL passengers on their activity run. They must be on watch at ALL times to ensure the safety of the passengers and that ALL bus rules are followed, at ALL times. It is NOT the driver's responsibility to be a chaperone.
5. \_\_\_\_\_ The Department or Organization will be responsible to cover any and all toll charges, if necessary, to reach their destination.
6. \_\_\_\_\_ All requests should be submitted at least two (2) weeks prior to the date of us, to give proper time to secure a driver. Any requests submitted late, may not get confirmation of use, depending on scheduling or driver and vehicle availability.
7. \_\_\_\_\_ All requests submitted must be within a 500 mile radius, round trip. Any requests over the 500 mile radius must be approved by the Education Director.
8. \_\_\_\_\_ It is the responsibility of the department or organization to pick up any garbage and make sure the bus or van is clean prior to returning from their activity run. The driver will inspect the vehicle to make sure it's clean and there are no damages. A fee of \$75.00 will be charged for non-compliance.

**Note\* All Drivers must be on file with SN Department of Education/Transportation Department. Each file must contain a current Driver Abstract, a Medical Clearance Card, and a Valid Driver's License (CDL with passenger endorsements).**

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I have read all the information involved with this request and initialed next to each responsibility. I understand the rules and regulations for using a Bus or Van from the SN Department of Education/Transportation Program. By signing below I also take full responsibility for all compliance.

**Responsible Person/Party's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**OFFICE USE ONLY:**

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Transportation  
Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Education Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All request forms must be completed and signed by the Responsible Person/Party, Driver, Transportation Acting Coordinator and the Education Director prior to use of the van or bus.

Verified Completed / Confirmation Sent: \_\_\_\_\_ Date: \_\_\_\_\_