

# METRO SHARE AGENCY APPLICATION

AGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
AGENCY WEBSITE: \_\_\_\_\_  
AGENCY CONTACT: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Upon clearance with the Michigan Secretary of State and the Insurance Agency, members of the following Organizations have been approved to operate the Metro Share vans. Please indicate which category your Agency qualifies as:

- Government agencies within Kalamazoo County.
- Non-profit agencies serving senior populations within Kalamazoo County
- Non-profit agencies serving disability populations within Kalamazoo County

**Please attach a brochure or any relevant literature describing your Agency's goals, mission, and clients you serve.**

All of the above information and certifications are accurate and true to the best of my current knowledge, and I hereby authorize the City of Kalamazoo to verify any information. **NOTE:** "All applications will be reviewed by the Central County Transportation Authority (CCTA) Risk Management Team and approval is subject to their final determination."

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This information is requested for authorization to participate in the Metro Share Program, and for inclusion of the operator under the current Van Insurance Policy. **Please complete, sign, date and send this application.**

**Metro Share**  
530 N. Rose Street  
Kalamazoo, MI 49007  
269-337-8858 tel | 269-337-8211 fax | [www.kmetro.com](http://www.kmetro.com)

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Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Yvonne Thrash, Deputy Director of Operations)

