

# CHARTER EXCEPTIONS QUARTERLY REPORT

North Dakota Department of Transportation, Local Government

SFN 60830 (5-2017)

<b>Charter Service Provided for:</b> Select Yes or No if any exceptions to charter service has been provided.	<b>Yes</b>	<b>No</b>
Government Officials (GO) - 80 hours annually		
Qualified Human Service Organizations (QH)		
Leasing agreement with charter company (LE)		
Agreement with other private operators		
The fact that no registered charter provider responded to a notice sent by the recipient of needed service (WN)		
Petition sent to the Administrator		

If you answered Yes to any of the above questions or scenarios, you must complete the Charter Service portion of this form.  
If all questions and scenarios are answered No, you must clarify that no charters were run for the quarter by putting none on the reporting form and sign it.

<b>Charter Service 1</b>	<b>Section 1 - Complete for all exceptions</b>				
	Exception	Name	Email Address		Telephone Number
	Address		City		State    ZIP Code
	<b>Section 2 - Complete for "GO", "QH", and "WN" exceptions ONLY</b>				
	Date of Service	Time of Service	Trip Duration	Number of Passengers	Fee Collected
	Trip Origination		Trip Destination		Vehicle Number
	<b>Section 3 - Complete for "LE" exceptions ONLY also attach all supporting documentation</b>				
	Number of Vehicle	Supporting Documentation			

<b>Charter Service 2</b>	<b>Section 1 - Complete for all exceptions</b>				
	Exception	Name	Email Address		Telephone Number
	Address		City		State    ZIP Code
	<b>Section 2 - Complete for "GO", "QH", and "WN" exceptions ONLY</b>				
	Date of Service	Time of Service	Trip Duration	Number of Passengers	Fee Collected
	Trip Origination		Trip Destination		Vehicle Number
	<b>Section 3 - Complete for "LE" exceptions ONLY also attach all supporting documentation</b>				
	Number of Vehicle	Supporting Documentation			

None   

Signature	Date of Service
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## Instructions for filling out the Charter Exceptions Quarterly Report Form

SECTION 1: This section is filled out for all exceptions.

Specify which exception you relied upon to perform the charter service according to the following codes:

- 1) Government Officials. Code used is "**GO**"
- 2) Qualified Human Service Organizations. Code used is "**QH**"
- 3) Leasing services to charter provider who did not have enough equipment to run service. Code used is "**LE**"
- 4) No registered charter provider responded to the notice from the recipient about requested service. Code used is "**WN**"
- 5) Petition sent to Administrator

Fill out the name, address, phone number, and email address of the government organization, qualified human service organization, or group

SECTION 2: This section is used for "**GO**", "**QH**", and "**WN**" exceptions **ONLY**

- A) Provide the requested trip information as indicated.
- B) List all vehicle numbers used and separate them by semi-colons.

SECTION 3: This section is used for "**LE**" exceptions **ONLY**

- A) List the title(s) of any documentation that supports this requirement
- B) **Supporting documentation must be supplied** with your quarterly submission and attached.

Note: If submitted **electronically** NDDOT requires PDF format to [dkarel@nd.gov](mailto:dkarel@nd.gov)