



**Los Angeles County Board of Supervisors**  
**SUPERVISOR SHEILA KUEHL**  
**Application for Charter Bus Service**



Please email or fax the application 4-weeks prior to the trip date to:  
**Supervisor Sheila Kuehl**  
 Moses Ledesma, Field Deputy  
 7555 Van Nuys Blvd, Ste. 1, Van Nuys, CA 91405  
 Office (818) 901-3831 Fax (818) 997-8196  
 Email address: [mledesma@bos.lacounty.gov](mailto:mledesma@bos.lacounty.gov)

**Trip Date:** \_\_\_\_\_

**Estimated Number of Passengers:** \_\_\_\_\_ **Fed Tax ID No#:** \_\_\_\_\_

**Name of Organization:**  
**Contact Person (who will be going on the trip):**

**Phone No#:** \_\_\_\_\_ (agency office) **Cell Phone No#:** \_\_\_\_\_

**Fax No#:** N/A \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please check what type of bus:** SCHOOL BUS \_\_\_\_\_ COACH BUS \_\_\_\_\_

**Is the requested service limited to persons:** (a) 18-years old and younger: \_\_\_\_\_  
 (b) 50-years old and older \_\_\_\_\_ (c) with physical or cognitive disabilities \*\* \_\_\_\_\_

**Time of departure:** \_\_\_\_:\_\_\_\_

**Originating Location:**

<b>Name</b>	<b>Address</b>	<b>City/Zip Code</b>

**Destination #1**

<b>Name</b>	<b>Address</b>	<b>City/Zip Code</b>

**Destination #2**

<b>Name</b>	<b>Address</b>	<b>City/Zip Code</b>

**Time of Return to Originating Location:** \_\_\_\_:\_\_\_\_  YES, our group will pay for the overtime

I confirm that the following conditions will be observed:

1. The requested transit service will be equally available to all persons regardless of religious beliefs.
2. The requested transit service will be available to all persons who request to use this service on the same terms and subject only to the same space limitations applicable to persons who have been invited to use the service.
3. The destination event is: (a) for a non-religious educational, recreational or cultural experience; and (b) not for the purpose of promoting any particular religion or religious belief.
4. The requested transit service will not be used to transport public elementary school, middle school, or high school students during normal school hours.
5. The requested transit service will not be used by a private school.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_