



TRAVEL TRAINING REQUEST



Please provide the following information which will allow us to tailor your travel training to your needs.

1. Please tell us about yourself:

Name: _____

Address: _____

Phone Number: _____

2. What is your **Primary** travel destination? (check one)

Work - (address) _____

Shopping - (address) _____

Other - (address) _____

3. What days of the week and time(s) do you plan on traveling to AND from your **Primary** destination? _____

4. What is your **Secondary** travel destination, if applicable? (check one)

Work - (address) _____

Shopping - (address) _____

Other - (address) _____

5. What days of the week and time(s) do plan on traveling to AND from your **Secondary** destination? _____

6. Have you ever used the *Collier Area Transit's* regular bus service?

YES

NO

7. If applicable, please check the appropriate mobility aid(s) or equipment listed below that you use to assist you when you travel.

Powered scooter/wheelchair

Oxygen tank

Walker

Manual wheelchair

Cane

Service Animal

Other (specify): _____

8300 Radio Road
Naples, Florida 34104

Phone: 239.252.7777

Fax: 239.252.5753

