

Surface Transportation Providers

(operating in your service area)

List all the private transportation providers in your service area and indicate if their employees are represented by union. This list should include taxis, private operators, tour coach operators, limosine services, and public transportation systems operating in your service area. This information is generally available in your telephone directory or through the County's business licensing office. If you contract out any part of your service or management/administration of your transit system and the contractor's employees are represented by a labor union, remember to include them here.

Legal Name of Applicant

(Not the System Name)

	Private Transportation Providers	Union Representation	If yes – Provide <u>Name</u> of Union and the affiliated Local Branch Number, (e.g. ACME Local #458)
1		<input type="checkbox"/> No <input type="checkbox"/> Yes	
2		<input type="checkbox"/> No <input type="checkbox"/> Yes	
3		<input type="checkbox"/> No <input type="checkbox"/> Yes	
4		<input type="checkbox"/> No <input type="checkbox"/> Yes	
5		<input type="checkbox"/> No <input type="checkbox"/> Yes	
6		<input type="checkbox"/> No <input type="checkbox"/> Yes	
7		<input type="checkbox"/> No <input type="checkbox"/> Yes	
8		<input type="checkbox"/> No <input type="checkbox"/> Yes	
9		<input type="checkbox"/> No <input type="checkbox"/> Yes	
10		<input type="checkbox"/> No <input type="checkbox"/> Yes	
11		<input type="checkbox"/> No <input type="checkbox"/> Yes	
12		<input type="checkbox"/> No <input type="checkbox"/> Yes	
13		<input type="checkbox"/> No <input type="checkbox"/> Yes	
14		<input type="checkbox"/> No <input type="checkbox"/> Yes	
15		<input type="checkbox"/> No <input type="checkbox"/> Yes	
16		<input type="checkbox"/> No <input type="checkbox"/> Yes	
17		<input type="checkbox"/> No <input type="checkbox"/> Yes	
18		<input type="checkbox"/> No <input type="checkbox"/> Yes	
19		<input type="checkbox"/> No <input type="checkbox"/> Yes	
20		<input type="checkbox"/> No <input type="checkbox"/> Yes	
21		<input type="checkbox"/> No <input type="checkbox"/> Yes	
22		<input type="checkbox"/> No <input type="checkbox"/> Yes	
23		<input type="checkbox"/> No <input type="checkbox"/> Yes	
24		<input type="checkbox"/> No <input type="checkbox"/> Yes	
25		<input type="checkbox"/> No <input type="checkbox"/> Yes	

Legal Name of Applicant

(Not the System Name)

Private Transportation Providers	Union Representation	If yes – Provide Name of Union and the affiliated Local Branch Number, (e.g. ACME Local #458)
26	<input type="checkbox"/> No <input type="checkbox"/> Yes	
27	<input type="checkbox"/> No <input type="checkbox"/> Yes	
28	<input type="checkbox"/> No <input type="checkbox"/> Yes	
29	<input type="checkbox"/> No <input type="checkbox"/> Yes	
30	<input type="checkbox"/> No <input type="checkbox"/> Yes	
31	<input type="checkbox"/> No <input type="checkbox"/> Yes	
32	<input type="checkbox"/> No <input type="checkbox"/> Yes	
33	<input type="checkbox"/> No <input type="checkbox"/> Yes	
34	<input type="checkbox"/> No <input type="checkbox"/> Yes	
35	<input type="checkbox"/> No <input type="checkbox"/> Yes	
36	<input type="checkbox"/> No <input type="checkbox"/> Yes	
37	<input type="checkbox"/> No <input type="checkbox"/> Yes	
38	<input type="checkbox"/> No <input type="checkbox"/> Yes	
39	<input type="checkbox"/> No <input type="checkbox"/> Yes	
40	<input type="checkbox"/> No <input type="checkbox"/> Yes	
41	<input type="checkbox"/> No <input type="checkbox"/> Yes	
42	<input type="checkbox"/> No <input type="checkbox"/> Yes	
43	<input type="checkbox"/> No <input type="checkbox"/> Yes	
44	<input type="checkbox"/> No <input type="checkbox"/> Yes	
45	<input type="checkbox"/> No <input type="checkbox"/> Yes	
46	<input type="checkbox"/> No <input type="checkbox"/> Yes	
47	<input type="checkbox"/> No <input type="checkbox"/> Yes	
48	<input type="checkbox"/> No <input type="checkbox"/> Yes	
49	<input type="checkbox"/> No <input type="checkbox"/> Yes	
50	<input type="checkbox"/> No <input type="checkbox"/> Yes	
51	<input type="checkbox"/> No <input type="checkbox"/> Yes	
52	<input type="checkbox"/> No <input type="checkbox"/> Yes	
53	<input type="checkbox"/> No <input type="checkbox"/> Yes	