



Certification of Joint Plan Classification I

Please complete this form and return it to: Mike Spadafore (mspadafore@ksdot.org) or mail to:
KDOT Public Transportation Office, 700 SW Harrison, 2nd Floor Tower, Topeka, KS 66603

This is to certify that _____ (name of entity covered by joint plan) is committed to providing ADA paratransit service as part of this coordinated plan and in conformance with the requirements of 49 CFR part 37, subpart F.

(PRINTED name of authorized official)

(Title)

(Signature)

(Date)