



Captioning Request Form

HOURS OF OPERATION

Monday – Friday, 8:30 a.m. – 5:00 p.m. Eastern Time

Email: drc.cart@dot.gov

Type of Captioning Request

- ☐ Remote (Online)
- ☐ On Site (In-Person)

Person Requesting Services/Point of Contact

Name	Phone	Email	DOT Mode
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Additional Point of Contact

Name	Phone	Email	DOT Mode
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Customer Receiving Services

Name	Phone	Email	DOT Mode
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Role of Person Receiving Services

	If other, please describe.
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Are Other Employees with Disabilities Participating?

<ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No<input type="radio"/> Unknown	If known, please provide the names of the other participants using captions to prevent duplicate requests.
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Meeting/Event Information

Date Service is Required	
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Frequency of Request	<ul style="list-style-type: none"><input type="radio"/> One-time Event<input type="radio"/> Reoccurring (Please specify.)
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Start Time	End Time	Time Zone	Duration
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Assignment Type	If other, please describe.
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Title of Meeting/Event	
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Additional Details*	
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**Please email the event handouts, agenda, and/or PowerPoint slides to drc.cart@dot.gov prior to the event.*

If a walk-through is planned, please provide the date/time and duration.	Walk-Through Date, Time, and Duration
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Online Information

Meeting Platform Type	If other, please specify.
Call-In Number (Improves access to meeting audio for participants and interpreters.)	
Passcode	
Hyperlink to Meeting, Training, or Event	

In-Person Location

Street Address
Room Number
City, State, Zip

Submitting this request affirms that this is to provide effective communication for a government employee(s), applicant(s) or customer(s) for a DOT sponsored meeting, activity or program.

When clicking Submit Request, a copy will be in your email "Sent File Folder" for future use.

Submit Request