To complete this form, click in or tab to each form field, and type the requested information. For dropdown boxes, click on the arrow to choose a response. You can also press Alt Tab to open the dropdown choices, use the up/down arrows to navigate among the choices, and then press Enter when the desired response is selected.

Today’s Date:

Name:

Operating Administration:

Series/Grade:

Position/Title:

Address:

Phone Number:

Fax Number:

Email:

Supervisor’s Name:

Supervisor’s Phone Number:

Supervisor’s Email:

Purpose of the Business Trip:

Dates Services Needed:

Destination:

Will you need the personal assistant to accompany you en route to your destination?

If your response to the previous question was “yes”, please provide the specific flight information (if applicable).

Scope of Services to Be Provided (i.e.., specific activities of daily living such as teeth brushing or bathing):

Do you have a specific individual in mind that will provide personal assistant services?

If your response to the previous question was “yes”, please provide the individual’s name, telephone number, and e-mail address.

**Please fax this completed form along to the DRC at 202-493-2391, or you can e-mail it to** **drc@dot.gov****. If you need assistance completing this form, please contact the DRC at 202-493-0625.**

For DRC use:

Received by (DRC employee):

Date Received: