



**TRANSPORTATION SERVICES APPLICATION**

Dallas County Schools provides transportation services for school districts, educational entities, governmental entities, and non-profit organizations in accordance with DCS Policy § 23.004. DCS is unable to provide transportation services for private companies; to or from events or activities involving gambling, sexually-oriented conduct, or illegal activity; or to or from destinations primarily devoted to the sale of alcoholic beverages. Transportation services are limited to the State of Texas. Additional information can be found on the TRIPS website at [www.powerfleet.org](http://www.powerfleet.org) or [www.dcschools.com](http://www.dcschools.com).

**PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK. ALL INFORMATION, INCLUDING THE ATTACHED AGREEMENT AND FELONY CONVICTION NOTICE, MUST BE COMPLETED FOR APPLICATION TO BE CONSIDERED.**

**ENTITY PROFILE**

Full Legal Name of Entity: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Mailing Address (if different)**

Address or P.O. Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Do you have a website? ( ) YES ( ) No If yes, please state address here: \_\_\_\_\_

**OWNERS/PARTNERS/PRINCIPAL OFFICERS**

Name	Title	Phone #
_____	_____	_____
_____	_____	_____

**PRIMARY CONTACT FOR ENTITY**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

e-mail: \_\_\_\_\_

**BUSINESS CLASSIFICATION (Evidence of organizational status may be required)**

( ) Governmental Entity ( ) Non-Profit Organization ( ) Partnership ( ) Corporation ( ) Other: \_\_\_\_\_

Established/Incorporated under the laws of the State of: \_\_\_\_\_

Type of Entity (Please explain): \_\_\_\_\_

Federal Taxpayer I.D. Number: \_\_\_\_\_

**REFERENCES (Must give at least 3 references with whom you have done business)**

Company Name	Contact Name & Title	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

To the best of my knowledge, I certify that the information stated herein is true and correct. My signature below is acceptance of responsibility for all charges incurred for transportation services provided by Dallas County Schools to my organization.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return completed Application, Agreement, and Felony Conviction Notice to:  
DALLAS COUNTY SCHOOLS \* 612 N. ZANG BLVD. \* DALLAS, TX 75208  
ATTN: TRIPS COORDINATOR \* 214-944-4562 \* FAX 214-915-6440**

**PLEASE SEND YOUR TRIP REQUEST(S) TO:**

[trips@dcschools.com](mailto:trips@dcschools.com)

[www.powerfleet.org](http://www.powerfleet.org)

[www.dcschools.com](http://www.dcschools.com)

**Forms of Payment Accepted: Cash, Money Order, Cashier's Check, or Business Checks.  
No Personal Checks or Credit Cards Accepted.**

**DALLAS COUNTY SCHOOLS**  
**FELONY CONVICTION NOTICE FOR TRANSPORTATION SERVICES**  
**(Field Trips)**

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***MUST BE RETURNED TO DALLAS COUNTY SCHOOLS ALONG WITH THE APPLICATION NO LESS THAN TEN (10) BUSINESS DAYS BEFORE TRANSPORTATION SERVICES CAN BE PROVIDED. FAILURE TO RETURN THIS NOTICE WILL TERMINATE TRANSPORTATION SERVICES.***

**Felony Conviction Notification**

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony." Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction.

This Notice Is Not Required of a Publicly Held Corporation

**Please type or print legibly in Blue or Black Ink.**

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

**Applicant/Company Name** \_\_\_\_\_

\_\_\_\_\_  
**Authorized Company Official's Name (Printed)**

\_\_\_\_\_  
**Signature of Company Official**  
(My firm is a publicly held corporation; therefore, this reporting requirement is not applicable).

OR

\_\_\_\_\_  
**Signature of Company Official**  
(My firm is **NOT** owned nor operated by anyone who has been convicted of a felony):

OR

\_\_\_\_\_  
**Signature of Company Official**  
(My firm **IS** owned or operated by the following individual(s) who has/have been convicted of a felony)

Name of Felon(s): \_\_\_\_\_

Details of Conviction(s): (additional sheets may be attached) \_\_\_\_\_

\_\_\_\_\_  
**Signature of Company Official:** \_\_\_\_\_

**Date:** \_\_\_\_\_