



This is to certify our agency has been working on to develop ADA Self-Evaluation and Transition Plan (TP) to ensure agency' commitment toward compliance of Title II of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973. The current status of the document is:

**Status of ADA Self-Evaluation**

Not Started ☐

In-Progress ☐

Projected Completion Date of TP: \_\_\_\_\_

**Status of ADA Transition Plan (Inventory, timeline)**

Not Started ☐

In-Progress ☐

Projected Completion Date of TP: \_\_\_\_\_

**Official in charge of developing Transition Plan**

_____	_____
Name	Title

_____	_____
Phone Number	E-mail Address

**Name of ADA Coordinator**

_____	_____
Name	Title

_____	_____
Phone Number	E-mail Address

**ADA Grievance Procedure**

The ADA Grievance Procedure is published at (web address, public notices, etc.)

**Send this form with supporting documentation of a draft digital copy of your agency's ADA Transition Plan (if available) to:**

TDOT, Engineering Production Support, ADA Office  
James K. Polk Bldg, Suite 1200, 505 Deaderick Street, Nashville TN 37243

or

documents may be sent electronically to: [TDOT.ADACompliance@tn.gov](mailto:TDOT.ADACompliance@tn.gov)