

ADA Transition Plan Self-Certification **If your ADA Transition Plan is Submitted**



This is to certify our agency has been updating the submitted, Title II ADA Grievance Procedure, 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.

ADA Transition Plan

Completion Date: _____
 Last Update: _____
 Published at: _____

ADA Self-Evaluation

Completion Date: _____
 Last Update: _____
 Published at: _____

ADA Grievance Procedure location:

Published at (web address, public notices, etc.)

Name of ADA Coordinator

_____	_____
Name	Title
_____	_____
Phone Number	E-mail Address

Municipality Mayor

_____	_____
Name	Signature
_____	_____
Phone Number	E-mail Address

Please submit this form along with supporting documentation detailing your agency's progress in addressing ADA barrier removal as outlined in the ADA Transition Plan 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