



**ADA Self Certification**

This is to certify that I am an official authorized to act behalf of the Agency shown below. It is to further certify that our agency met all requirements of ADA Self-Evaluation and Transition Plan attributes to ensure compliance with Title II of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.

***Certified by***

Name Title Signature Date

Agency Name

Street

City County Zip Code

***Official in charge of implementing Transition Plan***

Name Title

Phone Number E-mail Address

***ADA Coordinator***

Name Title

Phone Number E-mail Address

***ADA Grievance Procedure***

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

***Please provide a digital file, web link or hard copy of your agencies completed ADA Transition plan to TDOT, Long Range Planning Division, Office of Community Transportation James K. Polk Building, Suite 900, 505 Deaderick Street, Nashville TN 37243***