



### 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