Private Car Passenger Record

**Please complete as many forms as needed to list all passengers or provide a pre-approved passenger manifest sheet cleared by the Manager of Special Moves.**

**All forms will be scanned and emailed to** [**SpecialMovementManifests@Amtrak.com**](mailto:SpecialMovementManifests@Amtrak.com)

**This must be completed at least 24 hours before the first segment of travel.**

**Forms must be submitted for each segment and must list all cars associated with the specific PNR.**

**Copies of these forms must be handed to the conductor of the train your car(s) traveling on.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | **Train No.** | **Origin:** | **Destination:** | **Page    of** |
| **/    /** |  |  |  |
| **Private Car Name(s):** | | | | **PNR No:** |
|  |
|  |
|  |
| **Person In Charge:** | | | **Cellular phone:** | |  |
| **-    -** | |  |

**Passenger List**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Passenger Name** | **Org.** | **Dest.** |  | **Special Needs** | **Contact Information:** |
|  | **Email and Emergency Phone #** |
|  |  |  | Adult | Mobility Impaired |  |
|  |  |  | Child | Vision Impaired |  |
|  |  |  | Infant | Hearing Impaired |  |
|  |  |  | Adult | Mobility Impaired |  |
|  |  |  | Child | Vision Impaired |  |
|  |  |  | Infant | Hearing Impaired |  |
|  |  |  | Adult | Mobility Impaired |  |
|  |  |  | Child | Vision Impaired |  |
|  |  |  | Infant | Hearing Impaired |  |
|  |  |  | Adult | Mobility Impaired |  |
|  |  |  | Child | Vision Impaired |  |
|  |  |  | Infant | Hearing Impaired |  |
|  |  |  | Adult | Mobility Impaired |  |
|  |  |  | Child | Vision Impaired |  |
|  |  |  | Infant | Hearing Impaired |  |
|  |  |  | Adult | Mobility Impaired |  |
|  |  |  | Child | Vision Impaired |  |
|  |  |  | Infant | Hearing Impaired |  |
|  |  |  | Adult | Mobility Impaired |  |
|  |  |  | Child | Vision Impaired |  |
|  |  |  | Infant | Hearing Impaired |  |
|  |  |  | Adult | Mobility Impaired |  |
|  |  |  | Child | Vision Impaired |  |
|  |  |  | Infant | Hearing Impaired |  |

|  |  |
| --- | --- |
| Signature of Conductor Receiving | Date: |
| and reviewing this passenger list: | /  / |