BASIC ELIGIBILITY APPLICATION

Regional Transit Connection (RTC) card

For more information on the Basic eligibility category and submitting your application, please go to https://511.org/transit/rtc-card.

REGIONAL TRANSIT CONNECTION

Section One: Applicant Information

Full Name (required): _____

Birthdate (M/D/Y) (required): _____ / _____ / _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Preferred communication method (required): US Mail ❑ Braille (Mailed) ❑ Email ❑

Preferred Written Language: English ❑ Spanish ❑ Tagalog ❑ Chinese ❑ Other: _____

Preferred Phone Number: ❑ Home ❑ Cell _____ Additional: _____

I would like my card mailed to (required): my address above ❑ a transit agency for pickup ❑

(transit agency name) _____

Section Two: Certification of Eligibility – Only one required

❑ DMV Disabled Placard Eligibility*   Registration Number: _____
                                        Submit valid registration receipt for DMV placard.

❑ Certified by Another   Name of Issuing Transit Agency: _____

   Transit Agency**   City and State of Issuer: _____

                           Certification Expiration Date: _____
                           Show current valid card to transit staff.

❑ Medicare Recipient   Medicare Claim Number: _____
                           Show Medicare card to transit staff.

❑ Disabled Veteran   VA Claim Number (Last 4 Digits): _____
                           Submit VA letter to transit staff.

❑ ADA Paratransit   Name of Transit Agency where ADA eligibility was established:

                           _____

*Will need to renew every two years
**This is a temporary courtesy; must reapply under different eligibility once card expires

I attest that the information on this application is true and correct. I understand that fraud or a misstatement of fact will disqualify me from receiving the benefits of the RTC Program. I also agree to provide additional information that may be requested and/or allow RTC to contact the above agency as part of this process. I understand that by applying to the RTC program, I am also agreeing to the Clipper Cardholder agreement and Clipper Privacy Policy. These are available at 511.org under RTC, ClipperCard.com and are provided with your card if your application is approved.

Signature (required): _____ **Date:** _____