

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>.



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 California 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:** _____