

# ATTENDANT CARD APPLICATION

## Regional Transit Connection (RTC) card

**This application is for:** Those who have already, or are in the process of, being certified as Attendant-eligible with the Medical application or are ADA-Paratransit Attendant-eligible with the Basic application.



The Attendant card is issued with red text "ATTENDANT LIMITED." To apply for an Attendant card, you must be certified to require an attendant when using public transit, also known as Attendant-eligible. You can be certified using the Medical application or the Basic application with an ADA-paratransit eligibility.

Bring your completed application to a transit agency for processing (see 511 for locations) or mail the application to:

RTC  
PO Box 7006  
Stockton, CA 95267

### Applicant Information - Please print clearly

**Full Name (required):** \_\_\_\_\_

RTC ID Number (if known): \_\_\_\_\_

**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) \_\_\_\_\_

*I certify that I will permit my attendant to use this card only when they are serving as my travel attendant and I am using my RTC Card to pay my fare. I understand that any misuse of the Attendant card and its benefits will result in permanent loss of the Attendant card privilege. I further understand that unauthorized use of this card may constitute fare evasion and result in a citation and fine to the attendant.*

**Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_