## RENEWAL APPLICATION

## **Clipper Access Card**

**This application is for:** Those who have to renew their card. If your eligibility is from another transit agency, or if you have non-permanent medical eligibility, you will need to reapply using a Basic or Medical form.



There is no fee to renew your Clipper Access card. You can bring your completed application to a transit agency for processing (see 511 for locations) OR mail the application to:

Clipper Access PO Box 7006 Stockton, CA 95267

Stockton, CA 95267	
Applicant Information - Please print clearly	
Full Name (required):	
Clipper Access ID Number (if known):	
Birthdate (MM/DD/YYYY) (required):/_	/
Address:	Apartment #:
City:	State: Zip:
Email Address:	
Preferred communication method (required): US M	ail 🔲 Braille (Mailed) 🔲 Email 🔲
Preferred Written Language: English 🔲 Spanish 🔲 T	「agalog □ Chinese □ Other:
Preferred Phone Number: Home 🔲 Cell 🔲	Additional:
I would like my card mailed to (required): my addr	ess above 🗖 a transit agency for pickup 🗖
(transit agency name)	
California DMV Placard Users Only: Please attach a copy of the current registration receipt for a disabled plate of eligibility. Eligibility through the DMV placard is every two years.	acard that has already expired is not valid proof
I certify that my eligibility has not changed since my last on this application is true and correct. I understand that f receiving the benefits of the Clipper Access Program. I also requested as part of this process.	fraud or a misstatement of fact will disqualify me from
Signature (required):	Date: