



**REGIONAL TRANSIT CONNECTION (RTC)  
DISCOUNT ID CARD PROGRAM**

# **LOST CARD APPLICATION INSTRUCTIONS**

This application should be used when applying for a replacement card (lost or stolen). This application is only for those individuals who have a **current** RTC Discount ID Card expiring at least two months after today's date. If your card will expire within 60 days, it is an option that you simply renew your card and go through the renewal process.

**When completing the form, PLEASE PRINT LEGIBLY. Use black or blue ink, do not use pencil. If your address is illegible, the card will be mailed to your local transit agency for you to pick up.**

If you do not know your current card number, please make sure you provide us with your complete name, address, phone number and especially birth date. We will try to locate you in our database using that information.

You may wish to contact your transit agency to verify that you have a current card that is eligible for replacement.

You may take this form to your transit agency or you may mail this application to:

RTC Discount Card  
PO Box 70040  
Oakland, CA 94612-0040

Your application must also include a check or money order in the amount of **\$3 payable to RTC Discount Card**. Do not mail cash. Applications that contain cash will be returned to you.

**My preferred communication method/format is:**    U.S. Mail    Braille (mailed)    Via Email



# LOST CARD APPLICATION

To be used to replace a lost or stolen card

**Please print legibly. Use black or blue ink, do not use pencil.**

**Illegible addresses are the primary reason for delayed cards.**

Note: If there is any difficulty in reading the address, the card will be sent to your transit agency for pickup.

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

APARTMENT NUMBER

CITY

STATE

ZIP CODE

DAYTIME PHONE

DATE OF BIRTH MM/DD/YYYY (REQUIRED)

SIGNATURE \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

TO BE FILLED OUT BY TRANSIT AGENCY PERSONNEL (Please verify that the client has a current RTC card)

TRANSIT OPERATOR \_\_\_\_\_

RTC (CLIENT) ID NUMBER \_\_\_\_\_

CARD EXPIRATION DATE \_\_\_\_\_

LOST     STOLEN     DAMAGED     CHANGE     OTHER \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_