REGIONAL TRANSIT CONNECTION DISCOUNT ID CARD PROGRAM

LOST / REPLACEMENT CARD
APPLICATION INSTRUCTIONS

Use this application to apply for a replacement card (lost or stolen).*

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

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

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

Your application must also include a pre-printed check or money order in the amount of $5 payable to: **RTC Discount Card**. Do not mail cash.

If you use the Clipper functions of your card and it contained a pass or cash, you should contact Clipper Customer Service at (877) 878-8883 and ask them to block the card. You still need to apply using this form in order to receive a replacement card.

* Your card can only be replaced a maximum of three (3) times within a twelve-month period. If you exceed that number, you will be subject to additional steps and replacement of your card will be delayed. Please take good care of your card.

LOST / REPLACEMENT CARD APPLICATION

REGIONAL TRANSIT CONNECTION

Please print clearly. Use black or blue ink, do not use pencil.
Your card may be delayed or sent to the transit agency if your address is not clear.

RTC CARD ID NUMBER

If you have your RTC ID #, please provide it here.
This should be the RTC number only, not the Clipper serial number.

NAME _____
Write name exactly as it appeared on your card

MAILING ADDRESS _____

APARTMENT NUMBER

_____
CITY   STATE   ZIP CODE

_____
DAYTIME PHONE NUMBER   DATE OF BIRTH   MM/DD/YYYY
BIRTHDATE IS REQUIRED

EMAIL ADDRESS _____

My preferred communication format is: ☐ written   ☐ braille   ☐ via email

SIGNATURE _____

TODAY'S DATE: _____

To be filled out by transit agency personnel (Please verify that the client has a current RTC card)

RTC ID # _____   EXPIRATION DATE _____

COMPLETED BY: _____   TODAY'S DATE: _____

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