

# BASIC ELIGIBILITY APPLICATION

## Clipper Access Card

For more information on the Basic eligibility category and submitting your application, please go to the [Clipper Access 511.org](http://Clipper Access 511.org) page.



### Section One: Applicant Information

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

**Birthdate (MM/DD/YYYY) (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**  
Transit Agency\*\* Name of Issuing 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 Clipper Access Program. I also agree to provide additional information that may be requested and/or allow Clipper Access to contact the above agency as part of this process. I understand that by applying to the Clipper Access program, I am also agreeing to the Clipper Cardholder agreement and Clipper Privacy Policy. These are available at the [Clipper Access 511.org](http://Clipper Access 511.org) page, [ClipperCard.com](http://ClipperCard.com) and are provided with your card if your application is approved.*

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