



BEACH CITIES TRANSIT

DIAL- A- RIDE WAVE APPLICATION INFORMATION

PART 1. GENERAL INFORMATION ABOUT APPLICANT

Gender

MALE FEMALE

First Name _____ Last Name _____

Please give us the name and telephone number of someone we can call in an emergency:

First Name _____ Last Name _____

Phone: () _____ Relationship: _____

PART 2. INFORMATION ABOUT APPLICANT'S MOBILITY

1. Do you require the assistance of a (PCA) Personal Care Attendant (someone who assist you when traveling)?

Yes No

How do they help you? _____

2. Please indicate below if you used any of the following mobility aids or equipment.

- None
- Cane
- Walker
- Service Animal (type) _____
- Crutches
- White Cane
- Manual Wheelchair
- Electric Wheelchair
- Other _____
- Scooter
- Portable Oxygen
- Leg Braces

3. What would you do if you found yourself at the wrong place?

- Phone Home
- Panic
- Ask someone for assistance
- Other _____
- I don't know

4. How do you communicate your needs to the driver?

- Verbal
- Visual
- Sign
- Unable

5. Is there any additional information you would like to share regarding your disability or condition? _____

I understand that I may lose the use of my BCT identification card if I misuse the card, or if I mark, tag of damage BCT property. I herby certify that the information provided above is true and correct.

Signature of applicant

Date



BEACH CITIES TRANSIT/ WAVE

DIAL-A-RIDE

APPLICATION INSTRUCTIONS

Physician: (Please type or print legibly)

Physician's Name

State License No.

Business Address

City State Zip Code Phone

I hereby certify that I am a licensed physician of the State of California and have knowledge of the above named applicant. I have completed this application and recommend that the Beach Cities Transit System issue a Disabled Identification Card.

() Temporary Disability (one year) () Permanent Disability

Applicant is eligible for WAVE paratransit service because of a transportation dysfunctional impairment causing:

- () Confinement to a wheelchair () physical disability creating an inability to board or alight from a standard bus
- () Cognitive disability creating an inability to navigate within fixed route system

Please explain:

Physician's Signature

DATE

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Signature of applicant

Date



**BEACH CITIES TRANSIT
DIAL - A - RIDE APPLICATION INSTRUCTIONS**

TO QUALIFY for a BCT/WAVE DIAL-A-RIDE Identification Card, applicant must have a licensed doctor's signature confirming disability.

APPLICATIONS MAY BE SUBMITTED BY MAIL OR IN PERSON

To apply for a BCT/WAVE Identification Card:

1. AT A CUSTOMER CENTER

- A. Complete and submit this application. It **MUST BE** signed by you. ORIGINAL SIGNATURES ONLY.
- B. Full face photo only. (No hats, bandanas or sun-glasses)
- C. In order to qualify for a Senior WAVE Identification Card – verification of minimum age is required.
- D. Pay an application fee of \$1.00 (Non-refundable).
- E. In order to qualify for WAVE paratransit service you must provide proof of residency. This may be satisfied by providing a current residence utility bill (Landline Telephone, Water, Gas, Electricity or Cable)

2. BY MAIL

- A. Send items 1A, 1B, 1C & 1D (if applicable) and pay the \$1.00 application fee by Check or Money Order ONLY (made payable to City of Redondo Beach).
- B. Include all items in one (1) envelope and mail to:

**City of Redondo Beach
Beach Cities Transit
415 Diamond Street
Redondo Beach, CA 90277**

ATTENTION

- IF APPLICATION IS APPROVED, THE I.D. CARD WILL BE MAILED TO YOUR HOME ADDRESS WITHIN 20 BUSINESS DAYS FROM THE DATE THE APPLICATION WAS SUBMITTED.
- FAILURE TO INCLUDE ANY REQUESTED ITEM **WILL CAUSE DELAYS** IN PROCESSING YOUR REQUEST FOR AN IDENTIFICATION CARD.

REPLACEMENT INFORMATION: FOR LOST, STOLEN OR DESTROYED IDENTIFICATION CARDS:

CALL BCT IMMEDIATELY AT (310) 937-6660 TO REPORT A LOST, STOLEN OR DESTROYED IDENTIFICATION CARD, FAILURE TO DO SO MAY RESULT IN THE LOSS OF YOUR BCT IDENTIFICATION CARD PRIVILEGES.

- Submit a completed APPLICATION in person at BCT Center. Mark the replacement box on the application
- Present a valid personal I.D.
- Pay a \$5.00 replacement fee. (Non-refundable)

FOR MORE INFORMATION, CALL (310) 937-6660