



APPLICATION FOR BEACH CITIES TRANSIT IDENTIFICATION CARD
PLEASE READ CAREFULLY ALL INSTRUCTIONS ON THE LAST PAGE

Sample



Full face photo only

No hats, sunglasses

or bandanas

Attach photo here

ORIGINAL

REPLACEMENT

COMPLETE APPLICATIONS IN BLACK OR BLUE INK ONLY

LAST FIRST MI
Grid of boxes for name and middle initial

DATE OF BIRTH STREET ADDRESS APT #
Grid of boxes for birth date, street address, and apartment number

CITY STATE ZIP
Grid of boxes for city, state, and zip code

NEAREST CROSS STREET TO STREET ADDRESS

HOME TELEPHONE NUMBER MOBILE PHONE TELEPHONE NUMBER
Grids of boxes for phone numbers

The Beach Cities Transit - Resident subsidy. To be eligible you must reside in the City of Redondo Beach or Lawndale and have a qualifying disability. Check box below if you believe you are a Lawndale resident.

CITY OF REDONDO BEACH RESIDENT CITY OF LAWDALE RESIDENT

Eligibility for this service may be satisfied by:

- Providing a current residence utility bill establishing your place of residence.

BCT STAFF VERIFICATION Residence:

(Copy document and record city of residence)

Applicants are eligible for the BCT Disabled Identification Card if one of the following criteria applies to the applicant:

Note: Applicants who qualify in one of the first three categories must supply a photocopy of the document proving eligibility and a current CA driver's license or CA ID card.

- I have a Metro TAP Disabled Identification Card
I have a Medicare Identification Card (Medi-Cal Card not accepted)
I receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) Benefits (copy of award letter, benefit adjustment letter, benefit check)

IF YOU MEET THE ABOVE REQUIREMENTS, YOU CAN STOP HERE
IF YOU DO NOT MEET THE ABOVE REQUIREMENTS HAVE A DOCTOR OR OTHER CERTIFYING PROFESSIONAL FILL OUT PAGE TWO.



BEACH CITIES TRANSIT
DISABLED 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 White Cane Scooter
- Cane Manual Wheelchair Portable Oxygen
- Walker Electric Wheelchair Leg Braces
- Service Animal (type) _____
- Crutches Other _____

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

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

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? _____



**BEACH CITIES TRANSIT
DISABLED 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 a Disabled Pass 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

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

Signature of applicant

Date



BEACH CITIES TRANSIT
DISABLED APPLICATION INSTRUCTIONS

TO QUALIFY for a Disabled BCT 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 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. Pay an application fee of \$1.00 (Non-refundable).
- D. In order to qualify for Redondo Beach or Lawndale Subsidy for the Disabled Pass you must provide proof of residency. Include a copy of your current residence utility bill (Landline Telephone, Water, Gas, Electricity or Cable)

2. BY MAIL

- A. Send items 1A, 1B, 1C & 1D (if applicable). 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