



TRANSPORTATION REGISTRATION FORM

REGISTRACION PARA TRANSPORTACION

Instructions: Complete this form **only** if you have **not** completed an initial (white) registration form since January 2019.

Today's Date: <i>Fecha de hoy:</i>		Last 4 of SSN: <i>Los ultimos 4 de su SS:</i>	
Last Name: <i>Apellido:</i>		First Name: <i>Nombre:</i>	
Address: <i>Dirección:</i>			
City, State, Zip: <i>Ciudad, Estado, Código Postal:</i>			
Telephone: <i>Número de Teléfono:</i>		Alternate Telephone: <i>Número de Teléfono Alternativo:</i>	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>Sexo: Macho Femenino</i>	Are you a citizen? <i>¿Es usted ciudadano o tiene una tarjeta verde?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Sí No</i>
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other <i>Raza: Blanco Negro Hispano Indio Americano Isla Pacifica Asiano Otro</i>			
Education Level: <input type="checkbox"/> Dropout <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <i>Nivel de Educación: Abandon Graduado de la Escuela Secundario Algo de Universidad Graduado de Colegio</i>			
Employment Status: <input type="checkbox"/> Not Employed <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <i>Situación Laboral: No empleado Empleado tiempo completo Empleado parte tiempo</i>			
Are you disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>¿Incapacitado? Sí No</i>	Are you a veteran?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>¿Es usted un veterano? Sí No</i>		

PUBLIC TRANSIT USE QUESTIONS – ALL QUESTIONS MUST BE ANSWERED

What will you use the transit service for (check all that apply)?

- Work/*Trabajar*
- School or Education/*Escuela*
- One Stop Center/*Centro de Una Parada*
- Welfare Office/*Oficina de Asistencia Social*

Greater Bridgeton Area Transit Only/Sólo Bridgeton

- Shopping/*Compras*
- Medical/*Médico*
- Other/*Otro*

What type(s) of public assistance are you receiving?

- TANF
- Food Stamps (SNAP)
- General Assistance
- Other
- None

What day(s) will you be using the transit service?

- Monday *Lunes*
- Tuesday *Martes*
- Wednesday *Miercoles*
- Thursday *Jueves*
- Friday *Viernes*
- Saturday (Bridgeton Only) *Sabado*

X _____

Signature *Firma*

Will you ride the bus

- Round Trip *Ida y Vuelta*
- One-way only *Solo ida*

OFFICE/DRIVER USE ONLY

Driver - Check all routes that passenger will use. Circle the route that received this registration form.

- GBAT LAX MAC VIP BLVD