



APPLICATION FOR BEACH CITIES TRANSIT IDENTIFICATION CARD
DIAL - A - RIDE

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

Grid for last name

FIRST

Grid for first name

MI

Grid for middle initial

DATE OF BIRTH

Grid for date of birth

MO DAY YR

Grid for street address

STREET ADDRESS

Grid for apartment number

APT #

Grid for city

CITY

Grid for state

STATE

Grid for zip

ZIP

NEAREST CROSS STREET TO STREET ADDRESS

Grid for home telephone number

HOME TELEPHONE NUMBER

Grid for mobile phone number

MOBILE PHONE TELEPHONE NUMBER

The Beach Cities Transit – WAVE program is a paratransit curb to curb service. To be WAVE eligible you must reside in a participating municipality and have a qualifying disability. Check box below if you believe you are WAVE eligible.

CITY OF REDONDO BEACH RESIDENT

CITY OF HERMOSA BEACH RESIDENT

Eligibility for this service may be satisfied by:

- Providing California driver's license of ID (Establishing your age)
- 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 WAVE 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 am 62+ years old

___ 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

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.

<input type="checkbox"/> None	<input type="checkbox"/> White Cane	<input type="checkbox"/> Scooter
<input type="checkbox"/> Cane	<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Portable Oxygen
<input type="checkbox"/> Walker	<input type="checkbox"/> Electric Wheelchair	<input type="checkbox"/> Leg Braces
<input type="checkbox"/> Service Animal (type) <input type="checkbox"/>	_____	
<input type="checkbox"/> Crutches	<input type="checkbox"/> 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/ 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

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
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. Pay an application fee of \$1.00 (Non-refundable).
- D. 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