

**ADA VISITOR REGISTRATION FORM**

**Name: (Last) (First) (Middle I)**

**Address: Apartment**

**City or town: State Zip**

**Date of birth: (Month) (Day) (Year)**

**Home phone number Email address Fax Number:**

**( ) ( )**

**In case of emergency notify:**

**Name: Phone Number**

**( )**

**Type of disability**

**\_\_\_Physical \_\_\_Visual Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Hearing \_\_\_Mental \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you use a wheelchair or other mobility aid?**

**\_\_\_Manual/Wheelchair \_\_\_Motorized Wheelchair \_\_\_Scooterchair \_\_\_Other describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Cane/Crutches \_\_\_Walker \_\_\_Guide Dog \_\_\_Portable Oxygen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you use a manual wheelchair, can you transfer to a seat? Weight with chair**

**\_\_\_\_\_Yes \_\_\_\_\_No**

**Does your disability prevent you from using accessible bus or rail transit?**

**\_\_\_\_\_Yes \_\_\_\_\_No**

**Do you require an attendant to use lift-equipped buses?**

**\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Sometimes**

**I certify that the above statements are true and correct to the best of my knowledge. I understand that supplying false information can disqualify my application and/or subsequent registration.**

**Applicant Signature:**

**Applicant Unable to sign: This form signed and certified on behalf of applicant by:**

**Name: Relationship to applicant:**

**Mail Completed Form to:**

**Southeastern Pennsylvania Transportation Authority**

**1234 Market Street, 4th Floor, Philadelphia, PA 19107-3780 (215)580-7145 fax (215) 580-7132**

**Email: CCTVisitorApplication@Septa.org**