



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			
<input type="checkbox"/> Physical	<input type="checkbox"/> Visual	Please describe _____	
<input type="checkbox"/> Hearing	<input type="checkbox"/> Mental	_____	
Do you use a wheelchair or other mobility aid?			
<input type="checkbox"/> Manual/Wheelchair	<input type="checkbox"/> Motorized Wheelchair	<input type="checkbox"/> Scooterchair	<input type="checkbox"/> Other describe _____
<input type="checkbox"/> Cane/Crutches	<input type="checkbox"/> Walker	<input type="checkbox"/> Guide Dog	<input type="checkbox"/> Portable Oxygen _____
If you use a manual wheelchair, can you transfer to a seat? Weight with chair			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does your disability prevent you from using accessible bus or rail transit?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you require an attendant to use lift-equipped buses?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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