

**CUSTOMER INFORMATION**

|   |             |             |  |                 |                    |
|---|-------------|-------------|--|-----------------|--------------------|
| Last Name:  |             | First Name: |  | Middle Initial: | Gender (optional): |
| Date of Birth:  | Home Phone: | Cell Phone: |  |                 |                    |
| -   | ( ) -       | ( ) -       |  |                 |                    |
| Address or P.O. Box; Apartment, suite, unit, floor, etc.: |             |             |  |                 |                    |
| M   |             |             |  |                 |                    |
| City:   |             |             |  | State:          | ZIP Code:          |

**ACCOUNT PROFILE**

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| Do you own or have access to a vehicle?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you currently have an Uber account?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Do you have a smartphone that is able to book Uber trips? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you do not have a smartphone that can book Uber trips, do you have access to anyone else's smartphone that can book Uber trips on your behalf? |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |  |
| If you have an Uber account, please provide the email address registered to your account:   |  |  | Provide the email you would like us to use to contact you: |   |  |

**DISABILITY ACCOMMODATIONS**

Will you need a disability accommodation when traveling or arranging for travel?  Yes  No  Sometimes

If you answered "yes" or "sometimes," please specify the accommodation requested.

|   |  |
|---|--|
| Visual assistive aids, please specify:  | Assistive aid for hearing-impaired: <input type="checkbox"/> TDD/TTY communication <input type="checkbox"/> Other, please specify: |
| Transportation that is accessible for: <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Scooter <input type="checkbox"/> Service animal <input type="checkbox"/> Other, please specify: |  |

**PROOF OF RESIDENCY (Enclose or attach required documentation)** Potential documentation options include: • A copy of your photo ID with address or • your utility bill.

Certifying document provided (specify):

I certify information on this application is true and accurate to the best of my knowledge. I authorize a representative of DART to verify the information in determining my eligibility. By using the Joppa Rides service, I understand that information relevant to my trips will be made accessible to DART for service planning and performance reporting purpose.

Signature: \_\_\_\_\_ Today's Date: \ \