



Application For General Public (Riders Under 65 Years of Age)

Name: _____ **Date of Birth:** _____

Last 4 Digits of Social Security # _____ **Phone:** _____

Address: _____ **Apt#** _____

City: _____ **Zip Code:** _____

Emergency Contact Information:

Name: _____ **Phone:** _____

Please Circle Any Special Requirements

*Wheelchairs must meet certification requirements and be approved by BCT prior to using and scheduling any transportation services.

Wheelchair

Cane

Electric Wheelchair

Walker

Oversized Wheelchair

Other

Scooter

I certify that the information provided above is correct to the best of my knowledge.

Signature: _____ **Date:** _____

Please be advised that in order to retain the efficiency of the Shared Ride Program, BCT reserves the right to transport you to the Adult Day Care, Senior Center, Bank, Pharmacy, Food Shopping, Library, etc. nearest to your residence.