Application/Registration Form for Transportation

SEAGO-AAA BUS PASS

CITY OF WILLCOX ARIZONA

Date _____

ID # _____

Transit Program · 300 W. Rex Allen Dr. · Willcox, AZ 85643 · (520) 766-7433

Last Name **First Name** **Date of Birth**

Physical Address

Mailing Address

City, State, Zip Code

Home Phone **Cell Phone**

Emergency Contact Information - Name, Address & Phone Number

Gender	**Male** ☐	**Female** ☐	**Proof of Address** ☐
60 and Over	**Yes** ☐	**No** ☐	
Under 60 and Disabled	**Yes** ☐	**No** ☐	**SSA Benefit/Award Letter** ☐

We certify by signing below, that all rights and responsibilities, eligibility for services, and rights of appeal have been explained and understood.
Certificamos al fimar abajo que los derechos y responsabilidades, elegibiliada para recibir servicios y derechos de apelaci ón han sido explicados y entendidos.

Applicants Signature *Date*

Employee Signature *Date*

Willcox ☐ Pearce ☐ Winchester Heights ☐

Bowie ☐ San Simon ☐

Kansas Settlement ☐ Sunsites ☐

Reviewed by _____