



Mobility Center
 4600 E. Washington St., Suite 101
 Phoenix, AZ 85034
 valleymetro.org
 602.253.5000

Valley Metro RideChoice Application

Discounted Transportation for Seniors and People with Disabilities

Personal Contact Information:

Mr. Mrs. Ms. Miss

First Name: _____ M.I.: _____ Last Name: _____
 Address (no PO Boxes): _____ Unit/Apt. #: _____
 City: _____ State: _____ Zip: _____ Birth Date: _____
 Home Phone: _____ Cell Phone: _____ Email: _____

Proof of Eligibility:

Address Verification: Enclose copy of: Driver's License, State ID or, Utility Bill or, Rental Agreement

AND

For Residents of Unincorporated Maricopa County, Avondale, Gilbert, Mesa, Scottsdale or Tolleson:

ADA Certification #: _____

For Residents of Chandler, Surprise, Tempe or Fountain Hills:

- If 65 years or older: Enclose proof of Date of Birth (Copy of: Driver's License, Birth Certificate, Passport)
- If 64 years or younger: ADA Certification #: _____

Last Steps:

I state to the best of my knowledge that the above information is true and accurate.

Applicant's Signature: _____ Date: _____

Signature of anyone who assisted you or filled out the application for you:

Signature: _____ Date: _____

Relationship to Applicant: _____

Make sure all documents are included, then please sign and mail or deliver to:

Valley Metro RideChoice, 4600 E. Washington St., Suite 101, Phoenix, AZ 85034

When your eligibility has been determined, you will receive a brochure with instructions on how to use the service in your welcome packet. Please allow 14 business days for the receipt of your welcome package.