

ACE Mobile App Entitlement Request Form



This form is for those who are: 1. a current Regional Transit Connection (RTC) holder, or 2. have a valid Department of Motor Vehicle (DMV) placard, or 3. have a Medicare card, or 4. Meet age requirement of Senior (age 65 years or older) and requesting an Entitlement code to purchase 20 Trip and/or Monthly passes on the ACE Mobile App.

Section 1. Applicant Information

Name: _____ Birth Date: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Mobile App ID: _____

Section 2. Certification of Eligibility

You are required to provide a valid photo ID card in addition to the documents listed below

RTC Card Holder **RTC Card Number** _____
Copy of RTC Card will be submitted with application. Original Proof of Discount Fare Eligibility must be presented on board upon request.

Entitlement expiration will correlate with RTC Card Expiration Date

DMV Disabled Placard **Disabled Placard or Registration Number** _____
Copy of DMV Disabled Placard documentation (ex. Renewal notice) will be submitted with application. Original Proof of Discount Fare Eligibility must be presented on board upon request.

Medicare Recipient **Medicare Card #** _____
Copy of Medicare Card will be submitted with application. Original Proof of Discount Fare Eligibility must be presented on board upon request.

Entitlement will expire 6 months from date of approval to give time to apply for RTC Card.

Senior (65 yrs. or older) Copy of Photo ID will be submitted with application. Original Proof of Discount Fare Eligibility must be presented on board upon request.

Entitlement will expire 3 years from date of approval.

I attest that the information on this application is true and correct. I understand that fraud or a misstatement of fact will disqualify me from receiving the benefits of the ACE Mobile App Entitlement Program

Signature: _____ Date: _____

Office Use Only

Date Received: _____ Received by Print Name: _____

Date Processed: _____ Processed by Print Name: _____

Original Form must be mailed or dropped off at ACE Headquarters:
Attn: ACE Ticketing Dept; 949 E. Channel Street, Stockton, CA 95202-2820
Please allow 7 to 10 business days for Entitlement to be reviewed