



Free R6 Bus Pass Application

All questions must be answered before your application will be considered.

To be completed by applicant or on behalf of the applicant.

PLEASE PRINT

Applicant

Last Name _____ First _____ Middle _____

Residence Address: Street Address _____ Apt # _____

City _____ State _____ Zip _____

Mailing Address (if different)

Home Phone () _____ Cell Phone () _____

Work Phone () _____ Ext. _____ TTY () _____

Email Address: (optional) _____

Date of Birth: _____

Last 4 digits of Social Security Number: _____

I understand that if my application for a free pass is accepted that I must use it for personal use only. I agree not to resell it or use it in any other manner than for my personal use. I also understand that any fraudulent use of the pass will be subject to prosecution.

Applicants Signature _____ Date: _____

Please provide a copy of your photo ID with this application.

"Internal use only"

Date application received _____

Date Pass Issued _____

Pass ID Number _____

Print Name _____

Signature _____

Please submit applications with photo id to:

**BCRTA Passes
3045 Moser Court
Hamilton, Ohio 45011**

OR

request@butlercountyrta.com