



TRANSPORTATION REGISTRATION FORM

REGISTRACION PARA TRANSPORTACION

Instructions: Complete this form **only** if you have **not** completed an initial (white) registration form since January 2025.

Today's Date: <i>Fecha de hoy:</i>		Last 4 of SSN: <i>Los ultimos 4 de su SS:</i>	
Last Name: <i>Apellido:</i>		First Name: <i>Nombre:</i>	
Address: <i>Dirección:</i>		Age: 0-17 18-59 60+ Prefer Not to Say <i>Edad:</i>	
City, State, Zip: <i>Ciudad, Estado, Código Postal:</i>			
Telephone: <i>Número de Teléfono:</i>		Alternate Telephone: <i>Número de Teléfono Alternativo:</i>	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>Sexo: Macho Femenino</i>		Are you a citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>¿Es usted ciudadano o tiene una tarjeta verde? Sí No</i>	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other <i>Raza: Blanco Negro Hispano Indio Americano Isla Pacifica Asiano Otro</i>			
Education Level: <input type="checkbox"/> Dropout <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <i>Nivel de Educación: Abandon Graduado de la Escuela Secundario Algo de Universidad Graduado de Colegio</i>			
Employment Status: <input type="checkbox"/> Not Employed <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <i>Situación Laboral: No empleado Empleado tiempo completo Empleado parte tiempo</i>			
Are you disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>¿Incapacitado? Sí No</i>		Are you a veteran?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>¿Es usted un veterano? Sí No</i>	

PUBLIC TRANSIT USE QUESTIONS – ALL QUESTIONS MUST BE ANSWERED

What will you use the transit service for (check all that apply)?

- ☐ Work/*Trabajar*
☐ School or Education/*Escuela*
☐ One Stop Center/*Centro de Una Parada*
☐ Welfare Office/*Oficina de Asistencia Social*

Greater Bridgeton Area Transit Only/Sólo Bridgeton

- ☐ Shopping/*Compras*
☐ Medical/*Médico*
☐ Other/*Otro*

What type(s) of public assistance are you receiving?

- ☐ TANF
☐ Food Stamps (SNAP)
☐ General Assistance
☐ Other
☐ None

What day(s) will you be using the transit service?

- ☐ Monday *Lunes*
☐ Tuesday *Martes*
☐ Wednesday *Miercoles*
☐ Thursday *Jueves*
☐ Friday *Viernes*

X

Signature *Firma*

Will you ride the bus

- ☐ Round Trip *Ida y Vuelta*
☐ One-way only *Solo ida*

Please note: Cumberland County Workforce Development has the responsibility to take reasonable action to maintain order and safety on a vehicle, including but not limited to denying service to any passenger who violates policies.

OFFICE/DRIVER USE ONLY

Driver - Check all routes that passenger will use. Circle the route that received this registration form.

- ☐ GBAT ☐ LAX ☐ MAC ☐ VIP