



CLIPPER YOUTH APPLICATION

APPLICATION INSTRUCTIONS

Complete and submit this application to obtain a free Youth Clipper® card. All applications must be accompanied by a copy of proof-of-age documentation.

DISCOUNTED FARES

Youth Clipper cards calculate discounted youth fares based on age and eligibility. Cards are available for youths aged 5 or older. Children under 5 years of age ride all public transit for free. The maximum age to qualify for discounts varies by transit agency. Please call 511 to check with your transit agency about its eligibility requirements for discount fares.

Step 1: CARDHOLDER CONTACT INFORMATION All fields in Step 1 are required except email.

First Name _____ Middle Initial _____ Last Name _____

Address _____ Apt # _____ City _____ State _____ Zip Code _____

Day Phone _____ Email Address (optional) _____

Step 2: CARDHOLDER PROOF-OF-AGE DOCUMENT

Check the one document you are submitting and write its number below. Only send photocopies. Do not send original documents.

- ☐ Birth certificate or passport
- ☐ State-issued ID card or driver's license
- ☐ Permanent resident card ("Green Card")
- ☐ Matricula consular/consular ID card
- ☐ SF City ID card
- ☐ Student ID card with date of birth
- ☐ Military dependent card with date of birth
- ☐ Medical benefit card with date of birth

Your Document's # _____

Date of Birth (MM/DD/YYYY) _____

Step 3: CLIPPER ACCOUNT INFORMATION

In which one of the following languages would you prefer to receive your Clipper information?

- ☐ English ☐ Spanish ☐ Chinese

To provide an additional level of security when accessing your card information, Clipper requires you to provide an answer to one of the following:

Mother's Maiden Name _____

City of Birth _____

Note: You will be asked this question each time you contact Clipper Customer Service to access your card information in person or via phone or email.

Step 4: SIGNATURE Parent or guardian signature is required.

By signing, I attest that the information on this application is true and correct.

Parent or Guardian Signature _____ Date _____

Step 5: SUBMIT APPLICATION

MAIL your application form and a copy of your proof-of-age document to: Clipper Youth/Senior Applications, PO Box 318, Concord, CA 94522-0318. Do not send originals, as documents will not be returned. Or **EMAIL** scans or photos of your application form and proof-of-age document to senioryouthapps@clippercard.com. Or **FAX** your application form and proof-of-age document to 877.565.3149. **Please allow 7 business days for delivery.**

You may also apply in person at a Clipper Customer Service Center or participating transit partner location to get a card immediately. See full list of locations at **clippercard.com/discounts**.

Questions? Call Clipper Customer Service at 877.878.8883. Please view the Clipper Privacy Policy at **clippercard.com/privacy**.

OFFICE USE ONLY: Intake Date _____ Transit Agency _____ Employee Name _____