PATH Senior SmartLinksm Card

Application Form



- New Card Application
- Information Change
- Card Replacement

pathsmartlinkcard.com



This is a request for (check one):

A New Senior SmartLink Card

- Provide one photograph as described in Section A.
- Read and sign the Affirmation in Section B in front of a Notary Public and have your signature notarized.
- Complete Sections C1 and C2 of this form in their entirety.
- Attach a photocopy of a government agency-issued proof of age. Acceptable forms include: state-issued birth certificate, driver's license, passport, and Medicare Card.
- Mail completed form to address in Section D.
- There is NO fee for your first SmartLink Card.

Changes to my existing Senior SmartLink Card record (Check one or more of the following)

___Name Change

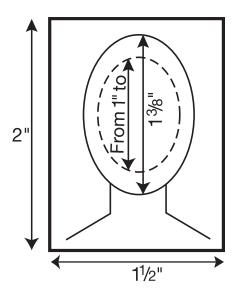
- ____ Address Change
- Phone Number(s) Change
- ____ E-mail Address Change
- ____ Identification Question/Answer Change
- Read and sign the Affirmation in Section B. Notarization is NOT required.
- Record your Senior SmartLink Card number in Section C1 and record all changed information in Section C1 and/or C2.
- Mail completed form to address in Section D.
-] A replacement Senior SmartLink Card and replacement of the unused trips on that Card
 - Call 1-800-234-PATH/7284 to report your card if it has been lost or stolen.
 - Record your Senior SmartLink Card number (if known), your name, and address in Section C1.
- Sign the Affirmation in Section B. Notarization is NOT required.
- Mail completed form, along with a check (personal or cashier's) or money order for payment of the \$5 Card replacement fee, to the address in Section D.

Senior SmartLink Program

PATH riders age 65 and over may apply for the Senior SmartLink Card and use it to enter PATH at a discounted fare. For a complete list of SmartLink Program rules, refer to the SmartLink Program Terms and Conditions available online at pathsmartlinkcard.com. All information provided will be used solely for the purpose of determining your eligibility for the Senior SmartLink Card and to create or modify your Senior SmartLink Card records. All information will be kept strictly confidential. For assistance with completing this application, please call 1-800-234-PATH/7284.

SECTION A

Photograph



You must submit one (1) photograph with this application if you are requesting a new Senior SmartLink Card.

The photograph must be at least two inches high and one-and-one half inches wide (2" x 1-1/2"), show a full front view of your face and shoulders only, and have a solid background (see diagram above).

Please PRINT your name on the back of the photograph.

SECTION B

Affirmation

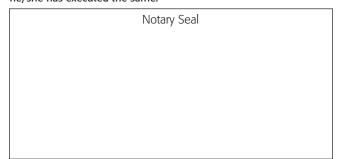
I am 65 years of age or older and, if applying for a new Senior SmartLink Card, have provided Proof of Eligibility in the form of a copy of my birth certificate, government-issued driver's license, or Medicare Card. I affirm under penalty of perjury that all statements made on this application, which PATH relies on to determine my eligibility status, are true and complete. I have read, understand, and agree to be bound by the SmartLink Program Terms and Conditions.

I understand that all statements made in this application may be subject to investigation and verification, and that a material misstatement or fraud will disqualify me for reduced fare benefits and make me ineligible to reapply for those benefits. I understand that PATH may discontinue or change its Senior SmartLink Program without notice. I further understand that it is a crime to allow anyone else to use the Senior SmartLink Card that is issued to me by PATH.

Applicant's Signature:

| Date: | |
|-------------------------------|-------|
| Notary Public: | |
| State of | |
| County of | |
| On this day of | , 20, |
| before me personally appeared | |

to me known and known to me to be the same person (or legal guardian of the person) who is described in and who executed the foregoing instrument, and he/she has duly acknowledged to me that he/she has executed the same.



| SECTION | I C 1 | | | | SECTION C2 | | |
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| PLEASE FILL IN ALL SPACES BELOW BY TYPING OR PRINTING IN INK. Current SmartLink Card Number (not applicable for new card requests) | | | | | PLEASE CONTINUE TO FILL IN ALL SPACES BELOW BY TYPING OR PRINTING IN INK. | the | What is your mother's maiden name? slow. |
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| Date of Birth | | □ Mr. □ Mrs. □ Ms. | Mailing Address | City | Daytime Phone Number | E-mail Address (Optional) | Mhat is your favorite color? Where were you born? Mhat Please record the answer to the identification question selected above in the spaces below. Image: Color of the spaces below. |

SECTION D

Mailing Address

New Applications

Mail photocopy of proof of age (state-issued birth certificate, driver's license, passport, or Medicare card), completed notarized form, and photograph to:

PATH Senior Fare Program One PATH Plaza – 10th Floor Jersey City, New Jersey 07306

Replacement or Change of Information Request

Mail completed form for Senior SmartLink Card replacement or name/address change request to:

PATH SmartLink Service Center P.O. Box 6300 Jersey City, New Jersey 07306-6300

DID YOU REMEMBER TO:

- Attach a photocopy of the required I.D.? INSIDE COVER
- Enclose one passport-size photo with your name printed on the back? **SECTION A**
- Sign the application? SECTION B
- Have application notarized and signed by a Notary Public? **SECTION B**
- Enclose a \$5 check or money order payable to PATH Corporation if this is for a replacement Senior SmartLink Card?

For additional assistance, please call 1-800-234-PATH/7284 or e-mail smartlinkservice@panynj.gov.





FOR OFFICE USE ONLY

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| New or Replacement Card Number (AFFIX S | | | TASK | Open New Service Record | Application Complete | Telephone Confirmation | Payment Confirmed | Registration Complete | Hotlisted | Record Updated | Reason Recorded on NF | Close Service Record | Card Personalized | Card Mailed | |