

Name (first, middle initial, last): Address: _____ City: ______ State: _____ ZIP: _____ Phone: (CIRCLE ONE: WORK_CELL_HOME): (_____) ______ Email: ______ Date of birth (mm/dd/yyyy): _____ Please provide the 9,10 or 16 digit serial number from the back of your card or sales kit envelope here:

Like this card to pay for travel farm or parting teen whereas you use the Security's top. Each cubrers must have a card and it must be produced on demant by an automated bank and open or palas.	Like this card to pay for transit fares or parking free whenever sou are the Smar Right logs. Each costemer must have a cord and it must be produced on denied by an authorised barried and yee or palate.	I Case this card to pay for tareal farms or parting from whenever you see the Smarthel' logs. Each container must have a card and it must be produced on demand by an authorized lareal emproper or police.								
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Please choose three of these security questions and provide answers (20 characters or less) below. Number your questions to correspond with your answers:

- _____ What is your grandfather's first name? _____ What is the make of your first vehicle? What is your favorite cartoon character?
 - _____ Who was your childhood hero? _____ What is the title of your favorite book?
 - _____ What is your youngest child's middle name?
 - _____ What was your favorite teacher's name?
 - _____ In what city did you meet your spouse/partner?
 - _____ What was your childhood nickname?
 - What is your favorite childhood friend's name?
 - What was your first stuffed animal's name? _____ What is your grandmother's first name?
- Where were you New Year's 2000?

_____ What is your father's middle name?

_____ What is your preferred musical genre?

What was your high school mascot?

_____ What is your favorite pet's name?

- _____ In what city or town did your mother and father meet?
- _____ What is the first name of the boy or girl that you first kissed?
- _____ When you were young, what did you want to be when you grew up?
- 1.______2._____3._____

All fields above MUST be completed. This information may be used for current or future WMATA/MTA programs. WMATA/MTA will disclose information pursuant to applicable laws or for law enforcement purposes. WMATA/MTA will not share or sell this information for any other purpose. For more information, please call 1-888-SMARTRIP (762-7874) or e-mail smartrip@wmata.com or mtacharmcard@mtamaryland.com.

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REMINDER: Senior citizens must be at least 65 years old. For reduced fare, customer must show a valid disability card from WMATA or MTA.						
SENIOR SMART CARD VERIFIED BY:	_ DATE:					
DISABILITY ID #:	_ EXP. DATE:					
REDUCED FARE SMART CARD VERIFIED BY:	DATE:					
SALES LOCATION: PHONE:						
CUSTOMER SERVICE: 1-888-762-7874 FAX COMPLETED FORM TO: 1-877-403-6688	EMAIL: faxserv@smartrip.net					