



**ADDENDUM 2 to Policy 061.02**

FOR DART USE ONLY	
ID#:	_____
EVAL: _____	DATE: _____
ATT: <input type="checkbox"/> YES	<input type="checkbox"/> NO
VER. DOC. #:	_____
SPC. CON. :	_____
DIS:	_____

**ADA VISITOR REGISTRATION FORM**

<b>PLEASE PRINT ALL INFORMATION:</b>		
<b>NAME:</b>	(Last)	(First) (Middle)
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
<b>ADDRESS:</b>		<b>APARTMENT:</b>
<b>CITY OR TOWN:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>DATE OF BIRTH:</b> (OPTIONAL)		
<b>HOME PHONE NUMBER:</b>		<b>FAX NUMBER:</b> (If Any)
<b>IN CASE OF EMERGENCY, NOTIFY:</b>		<b>PHONE:</b>
<b>DO YOU REQUIRE AN ATTENDENT TO USE ACCESSIBLE BUSES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SOMETIMES		
<b>TYPE OF DISABILITY:</b> <input type="checkbox"/> Physical <input type="checkbox"/> Visual    Please describe disability: _____ <input type="checkbox"/> Mental <input type="checkbox"/> Hearing		
<b>DOES YOUR DISABILITY PREVENT YOU FROM USING ACCESSIBLE BUS OR RAIL TRANSIT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>DO YOU USE A WHEELCHAIR OR OTHER MOBILITY AID?</b> <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Scooter <input type="checkbox"/> Cane/Crutches <input type="checkbox"/> Other (Please Describe) _____ <input type="checkbox"/> Motorized Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Service Animal <input type="checkbox"/> Portable Oxygen		
I certify that the above statements are true and correct to the best of my knowledge. I understand that supplying false information can disqualify my application and/or subsequent registration.		
<b>APPLICANT SIGNATURE:</b>		
<b>APPLICANT UNABLE TO SIGN:</b> This form signed and certified on behalf of applicant by: <b>NAME:</b> _____ <b>RELATIONSHIP TO APPLICANT:</b> _____		

**Mail or Email Completed Forms**

**Mail To:**  
 Eligibility Section  
 900 Public Safety Blvd  
 Dover, DE 19901

**OR**

**Email To:**  
[DOT\\_Eligibility\\_Faxes@Delaware.gov](mailto:DOT_Eligibility_Faxes@Delaware.gov)  
 Please put LAST NAME & FIRST NAME  
 in Subject line