



**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 \_\_\_\_\_