

Mail or deliver application to:  
**CERRITOS CITY HALL**  
 ATTN: Community Development  
 18125 Bloomfield Avenue  
 Cerritos, CA 90703



**Application Instructions:** Applicants must complete and sign Part I: Application and Part II: Waiver for application approval.

**PART I: APPLICATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  
(First) (Last)  Female

Address: \_\_\_\_\_  
Street City Zip Code

Apt. #: \_\_\_\_\_ Gate Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- Are you a Cerritos resident?  Yes  No
- Are you 55 or older?  Yes  No If you are under 55, do you have a disability?  Yes  No
- Do you use a wheelchair or mobility device?  Yes  No
- Does a personal attendant/caregiver accompany you on trips?  Yes  No

*Note: For new passengers, a valid I.D. with proof of age and Cerritos residency is required at first pick-up.*

**EMERGENCY CONTACT INFORMATION**

Primary Contact Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Email: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

**Staff Use Only**

Date received: \_\_\_\_\_  
 Passenger ID: \_\_\_\_\_  
 Approval : Y N  
 Date Transit Provider Notified: \_\_\_\_\_  
 Approval Letter Sent: \_\_\_\_\_  
 Reviewer Initials: \_\_\_\_\_

**PART II: WAIVER**

**CITY OF CERRITOS DIAL-A-RIDE WAIVER FORM**

I hereby voluntarily and of my own freewill relinquish and waive the right to make any claims or bring any legal action against the City of Cerritos or their officers, officials, employees and/or volunteers, for any injuries, damages, charges or expenses, including attorney's fees which might be sustained as a result of my voluntary participation in the City of Cerritos' Dial-A-Ride program. I also acknowledge that the City of Cerritos reserves the right to refuse transportation service to anyone for health and safety reasons or to anyone in non-compliance with the policies and procedures governing this program. I agree to comply with the terms set forth in the City of Cerritos' Dial-A-Ride Policy and Procedures Manual. The City reserves the right to modify the terms and conditions of this program without prior notice.

**NAME: (Print)** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Mail or deliver completed application to:

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Applications will be reviewed within 2-3 days of receipt.

Approved applicants will be notified by mail.

For more information, please contact Cerritos Transit at (562) 916-1202.