

# SMTD REGISTRATION FORM

Before scheduling a ride, you must register with Stateline Mass Transit. Please complete this registration form and allow 48 hours for your registration to be processed before scheduling your first ride.

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

Date of Birth: (Month/Day/Year) \_\_\_\_\_

ALL residents of South Beloit, Rockton, Roscoe, Rockton Township and Roscoe Township, are eligible for service within the SMTD service area (which includes all 5 entities mentioned above) as well as to Rockford Mass Transit District's Hwy. 173 bus stop and Beloit Transit System's Shirland Ave. bus depot. The fare is \$3.00 for each one way trip.

## 1. Seniors, Disabled and children are eligible for half fare (\$1.50). Please check, if applicable:

### Half Fare Qualifications:

Senior citizen (age 65 or older)

Disabled citizen. You will need to provide a letter from your doctor describing the nature of your disability.

Will you be traveling with a personal attendant:

Yes

No

Will you be traveling with a Service Animal:

Yes

No

Will you be using a wheelchair or need lift assistance?

Yes

No

Children (up to age 18). Please provide the full names and ages of your children that will be using this system.

Full names and ages of children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. SMTD also provides trips for its residents into the Rockford or Beloit area for medically necessary trips to approved medical facilities.**

**Do you live in the SMTD area and need to go to Rockford or Beloit for a medically necessary trip?**

- Yes  
 No

**If yes, are you able to transfer to the fixed route bus or do you require curb-to-curb service?**

- Fixed route  
 Curb-to-Curb

**Which medical facility(s) will you most often be traveling to?** \_\_\_\_\_

**3. SMTD also provides service to employees who work in Roscoe, Rockton, Rockton Township, Roscoe Township and South Beloit.**

**Do you live outside of the SMTD area?**

- Yes  
 No

**Will you be connecting with the SMTD bus at the RMTD or BTS bus stop to get to/from work in the SMTD area?**

- Yes  
 No

**If yes, please provide the name and address of your employer:** \_\_\_\_\_

**4. Do you have or want to list an emergency contact?**

- Yes  
 No

**Emergency contact name:** \_\_\_\_\_

**Emergency contact phone:** \_\_\_\_\_

Please download this form, print, complete form and send to:

**Stateline Mass Transit District  
c/o Rockford Mass Transit District  
520 Mulberry Street • Rockford, IL 61101  
E-Mail: info@smttd.biz • Fax: 815-770-5989  
Questions? Phone: 779-771-6778**

SMTD is committed to ensuring that no person is excluded from, participation in, denied the benefits of, or otherwise subjected to discrimination on the basis of race, color, national origin, disability, sex, age, religion, income status or limited English proficiency (LEP) in any and all programs, activities or services administered by the SMTD in accordance with Title VI of the Civil Rights Act of 1964 and related nondiscrimination authorities. If you have been discriminated against, or for complaints, please contact SMTD at 779-771-6778.