



# Transportation Alternatives Program Monthly Compass Card Renewal Authorization Form

Civic Center Plaza · 1200 3rd Avenue Suite 1000 · San Diego, CA 92101

BUS/TROLLEY	Cost	COASTER	Cost
Senior/Disabled	\$5.75	Zone 2	\$61.00
Regular	\$18.00	Zone 3	\$82.00
Youth	\$5.75	Zone 3 Senior/Disabled	\$14.50
Premium Adult	\$25.00		
Senior Premium	\$8.00		

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
PRINT YOUR NAME PERSON RESPONSIBLE

to renew my Compass Card for the month of \_\_\_\_\_ and amount of \$\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PART 1: RESPONSIBLE PERSON'S CONTACT INFORMATION**

PERNR: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

**USE THIS SECTION FOR ADDITIONAL EMPLOYEES**

I hereby authorize the above employee to renew my Compass Card for the month of \_\_\_\_\_.

My signature below certifies the Compass Card being renewed for me this month is solely for my personal use. In addition, I will use public transit at least 12 days per month to commute to and from my City job.

Name	Pass Type	Amount Paid	Signature
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**ADMINISTRATIVE USE ONLY**

Verified Employment Status and Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

EMPLOYEES MUST PRESENT A VALID CITY I.D. CARD FOR ALL TAP TRANSACTIONS