

Employer Annual Pass Program

Replacing Passes

EMPLOYER INFORMATION

EMPLOYER/COMPANY NAME

DATE

STREET ADDRESS

CITY, STATE, ZIP

PHONE

EMPLOYER REPRESENTATIVE

E-MAIL

Pass Replacement Information

EMPLOYEE NAME	1ST/2ND REISSUE	COST
SAMPLE: Joe Smith	1st	\$ 25.00
1		\$
2		\$
3		\$
4		\$
		Total \$

Agreement

Pursuant to the A-TAP/SEP Terms and Conditions, I understand that the fee for reissuing of A-TAP/SEP the first time is \$25 per employee and \$50 for a second reissue. I understand Metro will not reissue more than two (2) A-TAP/SEP per employee per fiscal year.

By checking here, Employer agrees to the above statement.

SIGNATURE

DATE

Payment Information

Please check the form of payment.

CREDIT CARD

Online payment instructions will be emailed to the email address on file from ab@taptogo.net. Your order will not be processed until payment is received in full by LACMTA.

Do not provide credit card information on form.

CHECK

Make checks payable to: Employer Annual Pass Program or LACMTA. Please mail check with form to the address below.


CHECK/MONEY ORDER NUMBER

AMOUNT


Submit your payment and application:

E-MAIL
 ab@taptogo.net

FAX
 213.922.7586

MAIL
 **Employer Annual Pass Program**
One Gateway Plaza
Mail Stop 99-PL-4
Los Angeles, CA 90012

FOR MORE INFO

CALL
 866.TAPTOGO

VISIT
 metro.net/annualtap

