



# Coast RTA

Waccamaw Regional Transportation Authority

1418 Third Avenue • Conway, SC 29526

Phone: (843) 488-0865 • [www.ridecoastrta.com](http://www.ridecoastrta.com)

Email: [info@coastrta.com](mailto:info@coastrta.com)

Transit services: 8:30-3:00

## Coast Transit Plus Application

Last Name	First Name	M.I	Date of Birth
Street Address	Apartment/ Unit #	email:	
City	State	Zip	
Phone #	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<b>Optional Information**</b> ** Requested by Federal, State and Local Funding sources			
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian /Other Pacific Islander			
<input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American and White			
<input type="checkbox"/> American Indian or Alaska Native and Black or African American <input type="checkbox"/> Other /list			
Is an assistive device or equipment required by passenger for mobility? (Check all that apply)			
<input type="checkbox"/> Braces	<input type="checkbox"/> Crutches	<input type="checkbox"/> Walker	<input type="checkbox"/> Cane
<input type="checkbox"/> Manual wheelchair	<input type="checkbox"/> Standard wheelchair	<input type="checkbox"/> Long wheelchair	<input type="checkbox"/> Wide wheelchair
<input type="checkbox"/> High wheelchair	<input type="checkbox"/> Stroller type chair	<input type="checkbox"/> Amigo type (3 wheels)	
<input type="checkbox"/> Certified guide/ Service animal	<input type="checkbox"/> Other (please specify): _____		

5. Will passenger be accompanied by additional passengers ((other than a Certified guide/ Service animal)?

Yes  No If yes how many?

If additional passengers are children please indicate if children will be in car seats and/or strollers. \_\_\_\_\_

## Emergency Contact

For scheduling changes and in case of emergency please notify:

Contact Name	Relationship	Phone
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### Coast RTA Authorization

Application:  Accepted  Rejected Reason for Rejection: \_\_\_\_\_

Date of Annual Review: \_\_\_\_\_

Coast RTA Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_